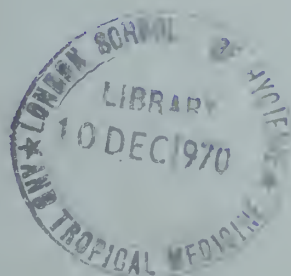


C.463(1)



BURGH OF AIRDRIE

Report by Medical Officer of Health for Year 1969



BURGH OF AIRDRIE

REPORT BY MEDICAL OFFICER OF HEALTH FOR YEAR 1969.



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TO THE SCOTTISH HOME AND HEALTH DEPARTMENT

AND

TO THE PROVOST, MAGISTRATES AND TOWN COUNCILLORS

OF THE BURGH OF AIRDRIE

Ladies and Gentlemen,

I have the honour to present to you a report on the Health Administration of the Burgh during the year 1969.

This report is furnished in accordance with the request of the Secretary of State as authorised by Section 79 and 87 of the Local Government (Scotland) Act, 1947.

In format it follows the suggestions made by the Scottish Home and Health Department in Circular No. 70/1956 and Local Health Authority Services Circular No. 2/1969.

In the latter circular, information and observations were specifically requested on MATERNITY SERVICE STATISTICS, LINKAGE WITH GENERAL MEDICAL SERVICES, CERVICAL CYTOLOGY, HEALTH EDUCATION, SOCIAL WORK SERVICES, RESEARCH, CLEAN AIR ACT, 1956, NOISE ABATEMENT ACT, 1960, CIVIC AMENITIES ACT, 1967, REFUSE COLLECTION and DISPOSAL and LABORATORY FACILITIES.

Reference to some of these topics will be found under appropriate sections in the body of the Report.

It is satisfactory to be able to record that throughout the year the health of the Burgh has been well maintained and that there was no major out-break of any infectious disease.

I take this opportunity of thanking the members of the Town Council for their confidence and support, my fellow-officials for the help and assistance which they have unfailingly given me at all times and the staffs of the Health Department and Nursing Services for their loyal and conscientious work throughout the year.

I am,

Your obedient servant,

ROBERT J. LUMSDEN,
M.B.,Ch.B.,D.P.H.

Medical Officer of Health.

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LIST OF STAFF

Robert J. Lumsden, M.B., Ch.B., D.P.H.

Miss M. McCallum, R.G.N., R.F.N., S.C.M., H.V. (Retired 28.5.69).
Miss H. Brown, R.G.N., S.C.M., Q.N., H.V. (Appointed 29.5.69).

Miss K. McCann, R.G.N., R.F.N., S.C.M., H.V.
Miss I. Black, R.G.N., S.C.M., H.V.
Miss M. Harvey, R.G.N., R.F.N., S.C.M., H.V.
Miss M. Gilmour, R.F.N., S.R.N., S.C.M., H.V. (Resigned 5.12.69).
Miss C. Paterson, S.R.N., S.C.M., H.V.
Mrs A. Kirk, S.R.N., S.C.M., H.V.
Miss H. Brown, R.G.N., S.C.M., Q.N., H.V. (Promoted 29.5.69).
Miss J. Black, R.G.N., S.C.M., H.V. (Appointed 25.9.69).
Miss M. Sutherland, R.G.N., S.C.M., H.V. (Appointed 25.9.69).
Miss M. Reid, R.G.N., S.C.M., H.V. (Appointed 1.9.69).

Miss I. Bannerman, R.G.N., R.F.N., S.C.M., H.V.
Mrs A. Black, R.G.N., R.F.N., S.C.M., Q.N., H.V. (Half Maternity and Child Welfare) (Resigned 12.8.69).

Mrs P. Andrew, R.G.N. (Resigned 5.10.69).

Miss M. Mair, R.G.N., Q.N.
Mrs E. Holloway, R.G.N., S.C.M. (Resigned 31.7.69).
Miss M. Ferguson, R.G.N.
Miss E. McKeown, R.G.N., S.C.M.
Mrs E. Paterson, R.G.N., S.C.M.
Mrs E. Kennedy, R.G.N.
Mrs P. Andrew, R.G.N. (Appointed 6.10.69)
Mrs M. Lowrie, R.G.N., S.C.M. (Appointed 18.8.69).

Adam Smith, (until establishment of new Social Work Department).

Miss J.L. Wilson, (do).

Miss M. Hinshelwood, L.D.S.

Miss M. Gardner.

William P. Beattie.

Clerical/

Clerical Staff

Mrs A. Veldon - Secretary.
Miss C. Gardner, (Appointed 31.3.69)
Miss L. Cowie, (Resigned 31.12.69).
Miss E. Campbell.
Miss M. Wright.
Miss M. Davidson, (Resigned 28.2.69).

Midwifery Staff

See page 27

GENERAL

The Burgh of Airdrie was established by Act of Parliament in the year 1821 and its original boundaries have since been further extended by additional legislation.

Its area at the end of 1950 was 2,068 acres. On May, 10th 1951, the Airdrie Provisional Order Confirmation Act, 1951, received the Royal Assent and the effect of this was to add a further 841 acres to the Burgh making the total area now 2,909 acres. The new area extends to the North, East and South of the previous boundaries and provides good additional sites for development. The village of Moffat Mills is now included within the Burgh. Extensive industrial development by a distillery firm is in progress there.

| | | |
|---|---|------------------|
| No. of inhabited houses (August, 1969) | - | 10,726 |
| Total rateable valuation (1969-70) | - | £947,323: 0: 0d. |

(The figures for 1968-69 was £916,554, and in 1965-66 before the revisal of the valuation it was £632,880.

Water Supply

During 1968 there were administrative changes in the water supply arrangements which resulted in the disappearance of the former Airdrie Coatbridge and District Water Board whose organisation and functions were taken over by a new regional authority, the Lanarkshire Water Board, constituted in accordance with the provisions of the new Water (Scotland) Act, 1967.

So far, this has made no difference to the sources and characteristics of the water actually provided in Airdrie. As before this continues to come from Roughrigg, Cowgill and Daer reservoirs.

Roughrigg is fed by a diversion from the Shotts Burn and this water is treated by micro-straining, slow sand filtration and chlorination.

Cowgill impounds the East side and Cowgill Burns in the Parish of Lamington and Wandell and this water which is invariably of high quality is chlorinated only.

Daer impounds the Daer Water, a headstream of the Clyde, at Daerhead and this water is fully treated by coagulation, filtration and chlorination in a plant of advanced design completed in 1956. Daer is a very large undertaking with a storage capacity of 4,400 million gallons. Its addition to Lanarkshire resources is expected to provide for foreseeable demands until at least 1986.

Previous Reports have included detailed particulars of the water undertaking and the results of representative analyses.

However, the new Water Board has now assumed full responsibility for the day-to-day supervision of the supply and these matters are therefore no longer part of the activities of the Health Department.

Sewage Disposal

The sewage disposal arrangements are of the most modern kind. After the usual preliminary treatment, the plant installed subjects sewage to a bio-aeration process with subsequent sludge digestion. The final product is dried in shallow lagoons and is available as manure.

A large extension to the Sewage Works was completed in April, 1955. This was necessitated by the general growth and development of the Burgh, but the Works are again working at the limit of their capacity and a further extension is under construction.

The following details supplied by the Sewage Works Manager refer to the year 16/5/69 - 15/5/70.

| | |
|---|--------------------------|
| Total flow | 1,150 million gallons |
| Full treatment | 1,101 million gallons |
| Preliminary treatment only | 49 million gallons |
| Sludge for Digestion | 1.50 million gallons |
| Dried sludge sold | 57 tons |
| Income therefrom | £13: 15: 0d. |
| Designed dry weather flow | 2.38 million gallons/day |
| Average flow | 3.15 " " " |
| Nett Expenditure | £35,630. |
| Cost per million gallons treated | £30: 19: 8d. |
| Cost per head of population | £0: 19: 8d. |
| Storm water overflow in operation | 34 times |
| Rainfall | 34.74 inches |

Analyses of the sewage and effluent and also of the raw and digested sludges were carried out daily.

The average effluent achieved although not quite up to the required standards was of reasonable quality for a works where it is recognised that extensions are required.

Judged by the Biological Oxygen Demand Test the degree of purification attained was 80.87%.

The average results of analysis of the effluent over the year were:-

| | |
|---|--|
| Suspended solids - 41 parts per million - (Recommended standard 30) | |
| B.O.D. 35 " " " (do do 20) | |

Four samples were taken by the Clyde River Purification Board and did not occasion any adverse comment. No doubt the Board recognised that steps were being taken to ensure fully adequate treatment in due course.

The volume of sludge dealt with in the Digestion Plant was only half the usual amount. This was because of trouble with the processing which was experienced on two separate occasions due to the adverse effects of trade wastes which had entered the sewers. The materials were paraffin, dichromates and 1,1,1 - trichloroethane. The latter is a solvent used for cleaning purposes. It is marketed as "Genklene" and has similar cleaning properties to those of carbon tetrachloride but is said to be less toxic.

Because of these difficulties leading to increased volumes of raw sludge and overloading of the aeration tanks there were some complaints of smells but all possible steps were taken to reduce the nuisance.

VITAL STATISTICS - 1969

Population

The 1961 Census figure (23rd April) gave the population as 33,620 and the mid year estimate for that year was 33,758.

The vital statistics supplied for this year are calculated on the Registrar General's mid year estimate of 36,188 an increase of 312 from 1968.

Density of Population

In 1968 the density of population was 12.33 persons per acre.

The figure for 1969 is 12.44.

Natural Increase of Population

This is the excess of births over deaths. For the year it amounts to 413. Last year the figure was 414.

Births

The figures given are corrected for transfers.

| | <u>Numbers</u> | <u>Rate</u> |
|---------------------|----------------|---|
| All live births. | 771 | 21.3 (per 1,000 of estimated population). |
| Illegitimate Births | 32 | 4.2 (per 100 live births) |

Since the beginning of 1939 it has also been compulsory to register still-births. Of these 13 were so registered, equivalent to a still-birth rate of 17.0 per 1,000 total births.

For 1968 the birth rate was 21.9 and the still-birth rate was 17.0

The Scottish birth rate for the year was 17.4 and the still-birth rate was 14.0. Our own birth rate standardised on the basis of the Scottish age and sex distribution was 20.2. The Scottish figure is the lowest birth-rate since 1945. This was also our lowest year too when the local rate was 19.1.

Marriages

The number of marriages registered was 334 equivalent to a marriage rate of 9.2 marriages per 1,000 of the total population, the figure for last year being 8.8.

Deaths

After allowing for transfers, the number of deaths registered during the year was 358 giving a corrected death rate of 9.9 per 1,000 of the estimated population compared with 10.4 in 1968.

The death rate after adjusting it for the age and sex distribution of the local population and so making it generally comparable with the rest of Scotland was 11.8 compared with 12.4 in 1968.

The Scottish death rate for the year was 12.3 compared with 12.2 in 1968.

Epidemic Death Rate

This is the death rate from the principal epidemic diseases (in Scotland, typhoid/

typhoid and paratyphoid fevers, cerebro-spinal fever, scarlet fever, whooping cough, diphtheria, influenza and measles) per 1,000 of the estimated population.

For the year it was 0.00 compared with 0.08 in 1968.

Infantile Mortality Rate

This is the number of deaths of infants under 1 year of age expressed per 1,000 of all live births.

During the year the figure was 30, compared with last year's figure of 25.

The rate for infant deaths occurring under the age of 4 weeks was 18 compared with 15 in the previous year.

The subject of Infantile Mortality is discussed more fully under the heading of Child Welfare, where figures for previous years are given for comparison.

Principal Causes of Death

The chief certified causes of death as given by the Registrar General are as follows:-

| | |
|--|-----|
| Heart Disease and circulatory disease (other than cerebral) | 133 |
| Cancer and other malignant diseases | 80* |
| Cerebral Haemorrhage | 51 |
| Respiratory Tuberculosis | 1 |
| Congenital debility, Prematurity, Birth Injury, Malformation etc. | 14 |
| Pneumonia (except of new born) | 15 |
| Bronchitis | 18 |
| Other Respiratory Disease | 8 |
| Diseases of Nervous System | 5 |

There were 15 deaths from violence, including 4 road accidents and 7 home accidents. There were 2 suicides.

* Including 21 deaths from malignant neoplasms of the respiratory tract. Twenty of these were in males aged 25-85 and one was a female over 65. In 1968 there 11 deaths - 9 males and 2 females.

PRINCIPAL CAUSES OF DEATH FOR 1963 - 1968 FOR COMPARISON

| | Number of deaths | | | | | |
|---|------------------|------|------|------|------|------|
| | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 |
| Heart Disease etc. | 153 | 117 | 148 | 130 | 150 | 150 |
| Cancer and other Malignant diseases - Total | 71 | 76 | 62 | 62 | 58 | 67 |
| Respiratory System | 14 | 24 | 15 | 23 | 13 | 11 |
| Cerebral Haemorrhage | 54 | 60 | 40 | 51 | 49 | 53 |
| Congenital debility, Prematurity, Mal- formation etc. | 20 | 17 | 19 | 19 | 12 | 14 |
| Bronchitis | 25 | 17 | 18 | 16 | 18 | 26 |
| Pneumonia | 36 | 3 | 13 | 13 | 10 | 22 |
| Respiratory Tuberculosis | 2 | 1 | 4 | 1 | 1 | 0 |

SYNOPSIS OF VITAL STATISTICS

1969 COMPARED WITH FIVE PREVIOUS YEARS

| | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 |
|-----------------------------------|--------|--------|--------|--------|--------|--------|
| Estimated Population | 34,911 | 35,400 | 35,561 | 35,910 | 35,876 | 36,188 |
| Natural Increase | 524 | 495 | 484 | 516 | 414 | 413 |
| Births (All live) | 861 | 845 | 833 | 868 | 787 | 771 |
| Illegitimate | 35 | 31 | 30 | 40 | 29 | 32 |
| Birth Rate | 24.7 | 23.9 | 23.4 | 24.2 | 21.9 | 21.3 |
| Illeg. Birth Rate | 4.1 | 3.7 | 3.6 | 4.6 | 3.7 | 4.2 |
| Still-Births | 17 | 17 | 16 | 18 | 14 | 13 |
| Still-Birth Rate | 19 | 20 | 19 | 20 | 17 | 17 |
| Marriages | 287 | 292 | 321 | 317 | 317 | 334 |
| Marriage Rate | 8.2 | 8.2 | 9.0 | 8.8 | 8.8 | 9.2 |
| Deaths | 337 | 350 | 349 | 352 | 373 | 358 |
| Death Rate (Corrected) | 9.7 | 9.9 | 9.8 | 9.8 | 10.4 | 9.9 |
| Death Rate (Adjusted) | 11.6 | 11.8 | 11.7 | 11.7 | 12.4 | 11.8 |
| Deaths from Epidemic Diseases | 2 | 0 | 1 | 1 | 3 | 0 |
| Epidemic Death Rate | 0.06 | 0.00 | 0.03 | 0.03 | 0.08 | 0.00 |
| Deaths from T.B. (All forms) | 1 | 4 | 1 | 1 | 0 | 2 |
| Death Rate T.B. (All forms) | 0.03 | 0.11 | 0.03 | 0.03 | 0.00 | 0.06 |
| Deaths from Pul. T.B. | 1 | 4 | 1 | 1 | 0 | 1 |
| Pul. T.B. Death Rate | 0.03 | 0.11 | 0.03 | 0.03 | 0.00 | 0.03 |
| Deaths of Infants under 1 year | 22 | 27 | 26 | 23 | 20 | 23 |
| Infantile Mortality Rate | 26 | 32 | 31 | 26 | 25 | 30 |
| Maternal Deaths | 0 | 0 | 0 | 1 | 0 | 0 |
| Maternal Mortality Rate | 0.00 | 0.00 | 0.00 | 1.2 | 0.00 | 0.00 |

NOTES

Population estimates are supplied by the Registrar General.

The various rates are calculated as follows:-

| | | |
|--------------------------|---|---|
| Birth Rate | - | number of live births per 1,000 of estimated total population. |
| Illegitimate Birth Rate | - | number of illegitimate births per 100 live births. |
| Still-Birth Rate | - | number of still-births per 1,000 total births (including still-births). |
| Marriage Rate | - | number of marriages per 1,000 of total population. |
| Death Rate (Corrected) | - | number of deaths per 1,000 of estimated total population. For war years per 1,000 of estimated civil population. |
| Death Rate (Adjusted) | - | this is an index of the number of deaths per 1,000 which might have been expected to occur had the age and sex constitution of the Burgh's population been the same as for the whole of Scotland. |
| Infantile Mortality Rate | - | the number of deaths of children under 1 year per 1,000 live births. |
| Maternal Mortality Rate | - | the number of maternal deaths per 1,000 live births. |

A. Local Health Authority Functions

General Administration:

The functions of the local health authority are administered by the Health Committee to which the Medical Officer of Health and the Sanitary Inspector are severally responsible for various aspects of the composite services.

Details of the Sanitary Inspector's activities are dealt with in his own separate report.

The Medical Officer of Health is now mainly concerned with administering the services which are the responsibility of the local authority under the provisions of the National Health Service (Scotland) Act, 1947 and the Mental Health (Scotland) Act, 1960. Minor duties under other enactments are referred to in the body of the report.

The various nursing services are under the immediate control of a Superintending Nursing Officer who is responsible to the Medical Officer of Health.

These nursing services comprise:-

- (a) Health Visitors - a staff of 8 health visitors carry out the routine work of maternal and child care including domiciliary visitation and the staffing of various clinics. One nurse was also employed during most of the year to carry out clinic duties on a part time basis. Two Trainee Health Visitors were sponsored on a Training Course for Health Visitors.
- (b) Tuberculosis and infectious disease nurses - two nurses have been mainly employed on these duties but with the reduction in the tuberculosis service which has now taken place it has been possible to reduce this to one with relief when necessary from the Health Visiting Staff. She too is a qualified health visitor, and does domiciliary visitation and assists at the tuberculosis diagnostic, and treatment clinics run by the Hospital Authorities and the Contact and B.C.G. clinics.
- (c) Domiciliary Midwives - a staff of three domiciliary midwives is provided. Until recently all lived together in a house provided and run by the local health authority and from there they carried out all the domiciliary midwifery in the Burgh. We now, however, have two nurses living in their own homes. This has necessitated the installation of telephone extensions to ensure that they can be available when required. There are now no part time midwives and none in private practice.
- (d) District Nurses - there are seven nurses carrying out home nursing duties. These nurses are not direct employees of the health authority but are provided by Airdrie and District Nursing Association under a suitable financial arrangement with the authority.

The Medical Officer of Health also controls a Dental Clinic service staffed by a qualified dentist and dental attendant.

During 1966 the Chiropody Service was placed on a full time basis under the Health Department employing one Chiropodist but the service has extended and part-time Chiropodists are now employed as well on a sessional basis. The appointments of an additional full-time chiropodist is contemplated in place of the sessional help.

There is an office staff of five persons.

The Clinical Tuberculosis Officer, who is employed by the Hospital Authority, formerly had an office in the same building as the Health Department with a personal clerkess. Records were held in common and there was thus very close co-ordination of the clinical and administrative sides of tuberculosis control.

This/

This arrangement terminated in 1957, new clinic and clerical facilities having been provided in the Out-patient extension to Alexander Hospital, Coatbridge. The Tuberculosis Nurse, however, continues to attend the clinic and the clerical liaison has been well-maintained.

The Home Help Service, while nominally under the control of the Medical Officer of Health, is administered from day to day by a Home Help Supervisor on the Staff of the Welfare Department.

The Day Nursery was closed at the end of 1958.

A detailed list of staff is given at the beginning of this Report.

1. Care of Expectant and Nursing Mothers and Children under School Age.
(N.H.S. (S) A. 1947, Sect. 26)

(A) Expectant & Nursing Mothers

Two ante-natal clinics are held each week in the local authority's premises at Wellwynd. The medical staffing is by specialist obstetric officers generally of registrar grade supplied by Bellshill Hospital. The nursing staff is provided in rotation from the Health Visitor Staff. The patients who attend are either those booked for hospital confinements or are domiciliary cases sent by their own doctors for consultation.

The fullest clinical supervision is available including routine blood tests. Specimens are examined at the Regional Laboratory in Motherwell and at the laboratory of the Blood Transfusion Service now situated in Law Hospital, Carlisle. This Clinic has developed rapidly and although the accommodation undressing cubicles and an additional consulting room, it is still inadequate for the number of persons attending, although the position has improved a good deal since the sessions were increased to two per week in December, 1961.

Special consideration is always given to unmarried mothers in the way of admission to hospital and other assistance and advice is always freely available. Originally post natal examinations were generally carried out at the hospital. This proved inconvenient for many patients and it was mainly to allow of these being done locally that it was decided to provide the second clinic session.

Nursing mothers receive advice at the Child Welfare Clinics (see below) and advice in Mothercraft is given by the Health Visitors either to individuals or to small groups. A film projector is available and a suitable library of film strips is being built up to improve the teaching facilities.

One hundred and four mothers made 342 attendances at Mothercraft Classes.

Maternity Outfits, to Department of Health specification, are supplied free of charge to all mothers having a home confinement.

The domiciliary midwives carry out routine ante-natal visits to their booked cases and generally supervise their welfare. They also attend cases of "Early Discharge" from the maternity hospitals.

(b) Child Welfare

There is now one main child welfare clinic held on Wednesday and Thursday afternoons each week at Wellwynd and two subsidiary or peripheral clinics. One of the latter at Arranview Children's Home, serves the northern part of the town and opens on Tuesday afternoons and Wednesday mornings. The other is now held in a purpose built Clinic at Craigneuk and is open on Wednesday afternoons. This was opened early in 1957 in the east of the Town.

Medical consultation is available two afternoons each month at the main clinic and one afternoon a month at each of the branch clinics. Vaccination and other immunisation services are also available on these days.

Cases from these clinics can be referred to any required specialist if the family doctor approves.

One practitioner is now given assistance at his own clinic in accordance with the recommendations of the Montgomery Report.

This has been the only response so far to a general offer of help.

Children/

Children referred to family doctor or for specialist treatment or advice as a result of a medical examination

| | | |
|-----------------|----|-----------|
| Born in 1969 | - | |
| Born in 1968 | 5 | |
| Born in 1964-67 | 42 | Total 47. |

"At Risk" Register

(This is intended to facilitate the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of newborn, congenital abnormalities, difficult births, history of virus infection of mother etc).

On register at end of year and receiving special supervision.

| | | |
|--------------|----|------------|
| Born 1969 | 40 | |
| Born 1968 | 57 | |
| Born 1964-67 | 55 | Total 152. |

(c) Care of Premature Infants

The Health Visitors devote special attention to premature infants being reared in their own homes. Where necessary daily visits are paid and equipment loaned. It is now usual to have premature infants admitted from the district to Bellshill Hospital Nursery and the increased accommodation in the new hospital has facilitated this.*

(d) Supply of Welfare Foods and similar Products

During 1954 the Ministry of Food discontinued the war-time arrangements for the supply of Welfare Foods and the responsibility for issuing these was placed on the local health authorities.

After some discussions of alternative method of carrying out the work, it was finally decided that issues should be made from our Welfare Department under the control of the Welfare Officer.

The premises of the Welfare Department are on the ground floor of the Health Department and a spare room there was readily adapted to provide a store room and counter accommodation. In 1969, with the inception of the new Social Work Department the arrangements were re-organised to enable the service to be provided by voluntary workers, and this has proved very successful and the assistance given by these volunteers must be recorded in most appreciative terms.

We have also continued the previous arrangements by which dried milk and other nutrients are issued at our clinics for the use of children who require them on medical grounds. These, however, are retailed at cost price.

(e) Dental Care

The health authority provides a complete dental service for the priority classes. There is at Wellwynd a well-equipped dental surgery, staffed by a fully-qualified dental surgeon and a dental attendant.

A practitioner who specialises in dental anaesthesia attends as required and is remunerated on a sessional basis. Nursing assistance to patients under going general anaesthesia is provided by the Health Visitors in rotation.

(f) Day Nursery

Closed at end of 1958.

* The new hospital was opened by Her Majesty Queen Elizabeth on July, 2nd 1962.

Details of Attendances

Ante-natal and Post natal Clinics

| | | |
|-----|--|--------|
| (a) | No. of Local Authority Clinics provided at end of year | 1. |
| (b) | No. of women attending during the year (A-N 559; P-N 78) | 637* |
| (c) | Total attendances during year (A-N 2,887 P-N 81) | 2,968* |

(* The figures include 159 County residents who made 995 attendances - A-N 977; P-N 18)

The Clinic held 101 sessions the average thus being 29.

Child Welfare Clinics

| | | |
|-----|--|-------------------------------------|
| (a) | No. of local authority clinics provided at end of year | 3. |
| (b) | No. of children attending under 1 year | 558 |
| | over 1 year | 770. |
| (c) | Total attendances under 1 year | 4,200. |
| | over 1 year | 4,603. |
| (d) | No. of clinics provided by voluntary organisations | 1 (Family Planning Association). |

The Child Welfare clinics held 267 sessions the average attendance thus being 33.

Special Sessions for Immunisation Work

| | | |
|------------|-------------------------------|------|
| At schools | Diphtheria etc. 11; B.C.G. 16 | = 27 |
| At clinics | | 38. |
| Total | | 65. |

Orthopaedic Clinic

In 1957 this clinic was transferred to the new Out-patient Department at Alexander Hospital, Coatbridge.

Cervical Cytology Clinic

A new development during 1966 was the introduction of a clinic for the taking of smears in connection with the exfoliative cytology of the uterine cervix the purpose being to detect early indications of pre-malignant disease in that situation.

Although held in our clinic premises the inception of the service was really due to the enterprise of a voluntary organisation, the North Lanarkshire Hospitals Women's Auxiliary, who initially defrayed the costs.

A regular weekly evening clinic has been held since September, 1966, staffed by a specially trained medical officer and two health visitors.

In addition to taking smear for cytological examination, a complete pelvic examination is carried out, examination of the breasts and urine test.

The/

The patients dealt with during the first phase at the end of 1966 numbered 210 but they were not all from Airdrie. Because of the voluntary auspices the service was available to Coatbridge and County residents as well.

Initially there was a large demand for this service and a substantial waiting list developed. This has now been overtaken and new cases now approximate to our capacity to deal with them.

Development of the laboratory facilities which are required for the examination of the smears appears now to be adequate for our needs.

The local authority assumed responsibility for this service in 1967.

The work of the Cytological Clinic has been carried out by Dr. Maureen Wyllie and latterly by Dr. Dorothy B. Sinclair, both experienced gynaecologists and the following are details of the results of their work during 1969.

Attendances

| | | | |
|--------------|------|-------|------|
| First Visits | 279. | | |
| Re-Calls | 27. | Total | 306. |

Age distribution of patients examined

| | | | |
|-------------------|-------|-----|-----------|
| 20-29 years | | 49. | |
| 30-34 " | | 66. | |
| 35-39 " | | 56. | |
| 40-49 " | | 84. | |
| 50-59 " | | 24. | |
| 60 years and over | | - | Total 279 |

Results

Smear results were reported as follows:-

| | | | |
|----------------|---|------------|------------|
| Negative | - | 251. | |
| Suspicious | - | - | |
| Positive | - | 1 (Age 44) | |
| Unsatisfactory | - | 27 | Total 279. |

Disposal

All general practitioners were informed of the results of their patient's smears and suitable treatment suggested if necessary.

Where the smears showed evidence of specific infection such as with *Trichomonas vaginalis* the patients were recommended for a suitable course of treatment and thereafter recalled for a repeat smear.

In addition to having smears taken all patients had a full gynaecological and abdominal examination and an examination of the breasts.

All abnormal findings were reported to the general practitioners concerned.

Other Cytology

In addition to the above 4 smears were taken at the post-natal clinic, and 71 at the Family Planning Clinic. All were negative.

Dental Clinic

The Dental Clinic, providing priority dental services to mothers and young children continued to function satisfactorily during the year.

At/

At the end of 1956 we were asked by Hamilton Town Council whether we could help with the priority dental service for that Burgh by lending the services of the Dentist and Dental Attendant. After an examination of the position it was decided that this could be done, at least meanwhile, to the extent of two half day sessions per week, without our own service suffering. An arrangement to this effect was, therefore, put into force in January, 1957, and has continued since then with the addition of another half day per week. Suitable financial adjustment has been made by which Hamilton pay an appropriate proportion of the salaries and also travelling expenses.

It may not be possible to continue this arrangement indefinitely if the help which we are able to give is insufficient for the Hamilton demand.

Miss Margaret Hinshelwood, L.D.S., has provided the following statement of work done at our own Dental Clinic and at Hamilton (see over).

Airdrie Dental Clinic (1/8/68 to 31/7/69)

General Statistics

| | Pre-School Children | | | Maternity | | |
|--|-----------------------|----------------------|-------|----------------|---------------|-------|
| | Aged 3 or Under | Aged 4 or Over | Total | Ante- natal | Post natal | Total |
| Inspections | 86 | 108 | 194 | 200 | 109 | 309 |
| With dental defects | 42 | 95 | 137 | 172 | 94 | 266 |
| Offered treatment | 42 | 95 | 137 | 172 | 94 | 266 |
| Accepting treatment | 42 | 95 | 137 | 152 | 83 | 235 |
| Treated by L.A. Officer | 45 | 95 | 140 | 110 | 105 | 215 |
| Emergency cases | 17 | 50 | 67 | 9 | 6 | 15 |
| Attendances for inspections and for treatment (excluding emergencies) | | | 402 | 567 | 427 | 994 |

Details of Treatment

(a) Fillings:-

| | | |
|----------------------|-------|-----|
| (i) Permanent teeth | | 311 |
| (ii) Deciduous teeth | | 129 |

(b) Extractions:-

| | | |
|----------------------|-------|-----|
| (i) Permanent teeth | | 277 |
| (ii) Deciduous teeth | | 163 |

Administration of general anaesthetic 39

Other operations:-

| | | |
|-----------------|-------|-----|
| Permanent teeth | | 356 |
| Deciduous teeth | | 2 |

Dentures:-

| | | |
|---------------------|-------|----|
| Partial | | 24 |
| Full | | 75 |
| Repairs to dentures | | 9 |

Radiographs Nil

Broken appointments 205

Hamilton Dental Clinic (1/8/68 to 31/7/69)

General Statistics

| | Pre-School Children | | | Maternity | | |
|---|-----------------------|----------------------|-------|----------------|---------------|-------|
| | Aged 3 or under | Aged 4 or over | Total | Ante- natal | Post natal | Total |
| Inspections | 46 | 28 | 74 | 69 | 47 | 116 |
| With dental defects | 22 | 22 | 44 | 65 | 43 | 108 |
| Offered treatment | 22 | 22 | 44 | 65 | 43 | 108 |
| Accepting treatment | 22 | 20 | 42 | 61 | 40 | 101 |
| Treated by L.A. Officer | 20 | 19 | 39 | 49 | 32 | 81 |
| Emergency Cases | 2 | 3 | 5 | - | - | - |
| Attendances for inspections and for treatment (emergencies excluded) | | | 157 | 209 | 201 | 410 |

Details of Treatment

(a) Fillings:-

| | | |
|----------------------|-------|-----|
| (i) Permanent teeth | | 124 |
| (ii) Deciduous teeth | | 87 |

(b) Extractions:-

| | | |
|----------------------|-------|-----|
| (i) Permanent teeth | | 143 |
| (ii) Deciduous teeth | | 42 |

Administration of general anaesthetic 15

Other operations:-

| | | |
|-----------------|-------|-----|
| Permanent teeth | | 152 |
| Deciduous teeth | | 1 |

Dentures:-

| | | |
|---------------------|-------|----|
| Partial | | 15 |
| Full | | 34 |
| Repairs to dentures | | 1 |

Radiographs Nil.

Broken appointments 115.

The provision of a priority dental service for mothers and young children is an extremely important part of a Maternity and Child Welfare Scheme.

Sound nutrition is essential to the well-being of the pregnant patient and lactating mother, and one of the factors contributing towards this end is undoubtedly the possession of an efficient and healthy dentition.

Similarly in the young child supervision and conservation of the primary teeth helps to ensure satisfactory development of the permanent dentition.

It tends to be forgotten by the general public that the general dental service unlike the general medical service provided under the National Health Service Act is not guaranteed. The private dentists are free to accept or refuse any patient and it is only to be expected that they tend to concentrate on the more remunerative aspects of the work available. Dental treatment, especially of a conservative nature, is a time-consuming procedure and this is particularly true of handling young children whose confidence can only be secured by a patient and painstaking approach. These are some of the considerations which make it difficult for a satisfactory service to be provided except by a local authority officer specialising in this particular type of work.

The reason for the different arrangements made in the Act for the provision of dental services as contrasted with medical services lies in the known shortage of dentists and the prospect that this shortage may and indeed must increase rapidly.

In 1956 when the McNair Committee reported there were 15,895 dentists on the Dental Register of the United Kingdom. This was approximately 1 dentist to 3,400 of the population but the figure of 15,895 included dentists practising abroad, in the services, and actually retired from practice so that the ratio was substantially worse. Even at 3,400 the ratio was much below the standard of other countries. Canada had one dentist to 2,790, Sweden one to 2,271, Norway one to 2,000 and U.S.A. one to 1,667.

Moreover because of the average age of the dental profession it was estimated that 8,000 practitioners would be taken off the Register before 1967.

The Committee stated that a Register of 20,000 dentists should be aimed at. This meant that 800 new dentists were required each year purely for replacement purposes plus about another 400 to achieve the target figure.

This is not being met and the estimate of practising dentists in 1968 shows a reduction to about 14,000.

The local position is in fact much worse than the general estimates given above. At the most there are eight private practising dentists in Airdrie serving the Burgh and the immediate landward area - a population probably in excess of 40,000. This is one dentist to 5,000 persons a ratio much below the national figure which itself gives cause for serious concern.

It is obvious, therefore, that the reasons which resulted in local authorities administering the National Health Service Act being charged with the duty of providing a priority dental service for mothers and young children were inspired by a correct appreciation of the virtual impossibility of giving these classes an adequate service by any other means and moreover it is clear that these reasons are still operative and even more valid at the present time.

The dental condition of the population as a whole viewed in relation to the number of dentists available is in fact such that the only prospect of substantially improving matters is by the introduction of measures aimed at prevention - at reducing the amount of dental decay occurring in the population.

Evidence continues to confirm that fluoridation of public water supplies is such a measure and during 1962 there was published a Report on the results of fluoridation/

fluoridation studies carried out in Kilmarnock and elsewhere during the past five years. These were favourable both on the score of efficiency in preventing or minimising dental caries and in the complete absence of any adverse effects.

Scottish Home and Health Department Circular No. 25/1962 drew the attention of local health authorities to the terms of this Report and later in the year Circular No. 114/1962 gave a more positive lead by offering to approve definite fluoridation proposals made in terms of section 27 of the National Health Service (Scotland) Act, 1947 and to indemnify local authorities who adopted fluoridation.

It is however, most regrettable to learn that in Kilmarnock, despite the favourable results obtained in the pilot study, the opponents of fluoridation have secured sufficient support to enforce the discontinuation of what was widely regarded as a most enterprising pioneer venture into this controversial field.

Nevertheless a more enlightened attitude prevailed in Lanarkshire and during last year all health authorities ultimately agreed in principle to the fluoridation of their water supplies.

The formalities necessary to make this a reality have still to be finalised but the technical officers have had meetings to decide on a uniform policy for equipment and methods and some progress has been made in anticipation.

Amalgamation of the various water authorities has now taken place in accordance with the provisions of the Water (Scotland) Act, 1967, and it had been hoped that this co-ordination of the service would have helped to ensure that some definite progress would soon be evident. Unfortunately restrictions on capital expenditure led to tentative proposals being further postponed, and recently the prospects have receded even further owing to one of the Burghs having reversed its earlier decision to participate in joint arrangements.

MATERNAL MORTALITY

There were no maternal deaths during the year.

Figures for the last ten years are given below.

| | 1960 | 1961 | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 |
|---|------|------|------|------|------|------|------|------|------|------|
| Maternal Deaths | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 |
| Maternal Mortality Rate per 1,000 live births | 0.00 | 0.00 | 0.00 | 1.20 | 0.00 | 0.00 | 0.00 | 1.20 | 0.00 | 0.00 |

PUERPERAL FEVER AND PUEURPERAL PYREXIA

There were no notifications of these conditions.

INFANTILE MORTALITY

The infantile mortality rate for 1969 was 30. Last year's figure was 25. The average for the five years 1964-68 was 27. The Scottish rate for 1969 was 21 the same as in 1968.

The still-birth rate was 17 the same as in the previous year. The national average was 14, the lowest ever recorded in Scotland.

INFANTILE MORTALITY RATES

Rates for ages 0-12 months

| Year | Airdrie | All Scotland | Year | Airdrie | All Scotland |
|------|---------|--------------|------|---------|--------------|
| 1942 | 71 | 69 | 1956 | 24 | 29 |
| 1943 | 75 | 65 | 1957 | 24 | 29 |
| 1944 | 79 | 65 | 1958 | 49 | 28 |
| 1945 | 73 | 66 | 1959 | 25 | 28 |
| 1946 | 47 | 54 | 1960 | 30 | 26 |
| 1947 | 34 | 56 | 1961 | 28 | 26 |
| 1948 | 58 | 55 | 1962 | 33 | 27 |
| 1949 | 38 | 41 | 1963 | 37 | 26 |
| 1950 | 50 | 39 | 1964 | 26 | 24 |
| 1951 | 54 | 37 | 1965 | 32 | 23 |
| 1952 | 38 | 35 | 1966 | 31 | 23 |
| 1953 | 46 | 31 | 1967 | 23 | 21 |
| 1954 | 37 | 31 | 1968 | 25 | 21 |
| 1955 | 35 | 30 | 1969 | 30 | 21 |

Neo-natal Mortality

This relates to the deaths of infants (included in the total infantile mortality) who died within 4 weeks of birth. It is useful to have these recorded separately because the causes are more related to the hazards and accidents of pregnancy and childbirth rather than to what happens to the infant later in its life. Since 1952 the figures for neo-natal mortality have been supplied separately by the Registrar General.

Rates for ages 0-1 month

| Year | No. of Deaths | Rate per 1,000 live Births |
|--------------------|---------------|----------------------------|
| Average 1952-56 | 13 | 20 |
| 1957 | 11 | 16 |
| 1958 | 22 | 31 |
| 1959 | 10 | 13 |
| 1960 | 16 | 20 |
| 1961 | 13 | 15 |
| 1962 | 11 | 13 |
| 1963 | 21 | 25 |
| 1964 | 14 | 16 |
| 1965 | 16 | 19 |
| 1966 | 19 | 23 |
| 1967 | 13 | 15 |
| 1968 | 12 | 15 |
| 1969 | 14 | 18 |

Peri-natal mortality

This is the total of the still-births and deaths under 1 week of age. There were 13 still-births and 12 deaths before the 7th day making a total of 25 - a rate of 31 per 1,000 births (live and still).

Infantile Mortality - Detailed list of causes of death

0-1 month old - 14 deaths

| | | | | | | | |
|----------|---|---|---|--------------|---|---|--|
| * Female | - | - | - | 6 hours old | - | - | Prematurity: atelectasis. |
| * Female | - | - | - | 1 day old | - | - | Extreme prematurity. |
| * Male | - | - | - | 1 day old | - | - | Prematurity. |
| * Female | - | - | - | 16 hours old | - | - | Prematurity. |
| * Female | - | - | - | 3 days old | - | - | Intraventricular haemorrhage. |
| * Male | - | - | - | 2 days old | - | - | Prematurity: hyaline membrane disease. |
| * Female | - | - | - | 11 days old | - | - | Congenital heart disease. |
| * Male | - | - | - | 2 weeks old | - | - | Peritonitis: megacolon. |
| Female | - | - | - | some minutes | - | - | Inattention at birth. |
| * Male | - | - | - | 10 hours old | - | - | Prematurity: atelectasis. |
| * Female | - | - | - | 11 hours old | - | - | Prematurity. |
| * Male | - | - | - | 3 days old | - | - | Erythroblastosis: pulmonary oedema. |
| * Female | - | - | - | 1 day old | - | - | Hyaline membrane disease. |
| * Male | - | - | - | 1 day old | - | - | Prematurity: atelectasis. |

1-12 months old - 9 deaths

| | | | | | | | |
|--------|---|---|---|--------------|---|---|--|
| Male | - | - | - | 4 months old | - | - | Acute bronchitis. |
| Male | - | - | - | 4 months old | - | - | Gastro-enteritis. |
| * Male | - | - | - | 1 month old | - | - | Congenital hydrocephalus: prematurity. |
| Male | - | - | - | 2 months old | - | - | Gastro-enteritis. |
| * Male | - | - | - | 4 months old | - | - | Broncho-pneumonia. |
| * Male | - | - | - | 7 months old | - | - | Broncho-pneumonia: spina bifida. |
| Female | - | - | - | 9 months old | - | - | Electrocution: accidental death. |
| Female | - | - | - | 6 months old | - | - | Broncho-pneumonia. |
| * Male | - | - | - | 8 months old | - | - | Broncho-pneumonia: congenital heart disease. |

* indicates child in hospital at time of death

Still-Birth Rates

Still-births were first registered in 1939 and the table below gives the rate for Airdrie and all Scotland in five year averages since then.

The rates are expressed as "per 1,000 total births including still-births".

Still-Birth Statistics

| Year | Number of Still-Births | Still-Birth Rate | |
|---------|------------------------|------------------|----------|
| | Airdrie | Airdrie | Scotland |
| 1939-43 | 25 | 39 | 39 |
| 1944-48 | 25 | 35 | 31 |
| 1949-53 | 20 | 31 | 26 |
| 1954-58 | 17 | 15 | 22 |
| 1959-63 | 19 | 23 | 20 |
| 1964 | 17 | 19 | 18 |
| 1965 | 17 | 20 | 18 |
| 1966 | 16 | 19 | 16 |
| 1967 | 18 | 20 | 16 |
| 1968 | 14 | 17 | 15 |
| 1969 | 13 | 17 | 14 |

2. Domiciliary Midwifery (N.H.S. (S) A. 1947, Sect. 23)

In accordance with the provisions of the Maternity Services Act of 1937, the Burgh of Airdrie formulated a scheme to provide a comprehensive domiciliary midwifery service and after it had received the approval of the Department of Health for Scotland, the Scheme came into operation on January, 1st 1940.

In subsequent years the service gradually developed until by 1947, five full-time midwives were in the employment of the Town Council and they were responsible for carrying out by far the greater proportion of the domiciliary midwifery work of the town.

A house "Oakbank", Clark Street, Airdrie, was purchased in 1945 and since then it has been maintained as a residential home for the midwives. Each nurse had her own bed-sitting room and there is also a lounge and dining-room for common use. A domestic staff of two assisted in the running of the Home.

This was the position to July, 5th 1948.

At that date the duty to provide a service of this kind ceased to be in respect of the old Maternity Services (Scotland) Act, 1937 which was partly repealed and was instead placed on the local authority by Section 23 of the new National Health Service (Scotland) Act, of 1947.

No outward change, however, resulted and since then the service has been continued exactly as before, although the total number of domiciliary confinements continues to diminish every year. This has not however meant much reduction if any in the work load because of the great increase in the number of cases of early discharge from hospital. The supervision of these is continued by the domiciliary midwife until the end of the normal lying-in period.

All the nurses employed are qualified to administer trilene analgesia and in 1960 we changed over to this from the former gas-air procedure. The Local Medical Committee indicated approval of this development.

It has become increasingly difficult to engage trained midwives when vacancies arise but we have fortunately been able to maintain an adequate staff during the year. The number employed is now three and this despite the reduced number of confinements really represents the least practicable size of staff to provide a fully adequate service. Nurses are also increasingly reluctant to stay in institutional premises. We therefore, now have two living in their own homes and this introduces other difficulties over communications and transport.

Four cases had inhalation analgesia during the year. Trilene is now used exclusively. Pethidine was also employed on the instructions of the medical practitioner attending. It was given in five confinements.

Non-medical supervision is carried out by the Superintending Nursing Officer who consults the Medical Officer of Health in any difficulty. There are no private practising midwives resident in the area.

With the development of General Practitioner Maternity Units at Alexander Hospital, Coatbridge and Calderbank House, Baillieston, the number of domiciliary cases has been falling steadily and any mother who desires a hospital confinement for social reasons can be sure of getting a bed. In the past we sometimes had to refer such cases specially to the ante-natal clinic so that they might be booked for Bellshill Hospital. We have been most grateful for this help over the years and it is satisfactory to note that the services have now improved to such an extent that there is no longer any difficulty.

By arrangement with Bellshill Hospital, pupil midwives are given opportunities to participate in the work of the area.

The midwives assist at one general practitioner ante-natal clinic.

Midwifery/

Midwifery Staff during the year

Nurse A. Gilfillan, R.G.N., R.F.N., S.C.M.
Nurse J.A.T. Lynn, S.R.N., S.C.M.
Nurse J. Duncan, S.R.N., S.C.M.

MIDWIVES (SCOTLAND) ACT 1915

| | |
|---------------------------------------|------|
| Cases of emergency under Sect. 22 | Nil. |
| Notification of Intention to Practise | 3. |

DOMICILIARY MIDWIFERY

CONFINEMENTS ATTENDED UNDER N.H.S. ARRANGEMENTS

| | | | |
|---|-------|-----------|---|
| Doctor Booked | | 15. | |
| Doctor not Booked | | - | |
| | | <u>15</u> | |
| Doctor Present at Confinement | | 1. | |
| Domiciliary Cases Transferred to Hospital | | - | |
| Hospital Booked Cases given ante-natal care by Domiciliary Midwife | | Nil. | |
| Cases delivered in hospital but discharged early to care of Domiciliary Midwife | | 408. | (7th day 69 (6th day 230 (5th day 85 (Earlier 24 |

HOSPITAL MIDWIFERY (Airdrie cases only)

| Type of Case | Bellshill Hospital | Alexander Hospital | Wm. Smellie Hospital | Calderbank House |
|------------------------|--------------------|--------------------|----------------------|------------------|
| Emergency (a) Scheme | - | - | - | - |
| (b) Non-Scheme | - | - | - | - |
| Pre-arranged admission | 408 | 309 | - | 43 |
| Total | 408 | 309 | - | 43 |

In other homes and institutions 11.

The total of all institutional cases (emergencies excluded) was thus 760 representing about 98% of all confinements. Last year the comparable figure was 97% and in 1950 it was only 45%. It would appear that domiciliary midwifery will soon be something quite exceptionable, and in relation to the numbers dealt with it has become a very expensive service to provide, costing about £375 per case, calculated on the number of actual confinements attended.

However, the total cost also covers the work which the midwives are now doing in looking after cases sent home early from hospital. As shown above there were 408 of these, a steep rise from the figures of 211 in the previous year and 49 in 1967.

The midwives made a total of 2,851 visits - 1,230 Ante-natal and 1,621 Post-natal.

Medical Aid

- (a) No. of cases in which medical aid was summoned during the year under Section 22 (1) of the Midwives (Scotland) Act, 1915, by a midwife - Nil.
- (b) No. of cases in which medical aid was summoned during the year for cases where the medical practitioner has agreed to provide maternity medical services under National Health 1.

Administration of Analgesics

- (a) No. of midwives in practice in the area qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board for Scotland.
- Domiciliary 3.
- (b) No. of domiciliary midwives who received their training during the year Nil.
- (c) No. of sets of Apparatus for the administration of Analgesics in use at 31st December, 1969, by Domiciliary Midwives employed by the Authority or employed by voluntary organisations in the Authority's Area 4.
- (d) No. on order at 31st December, 1969, Nil.
- (e) No. of cases in which Analgesics were administered by Midwives in Domiciliary practice during the year 4.
- (f) No. of cars in use by midwives at 31st December, 1969, 1.
- (g) No. of cases in which pethidine was administered by midwives in domiciliary practice during the year (Only given on direct instructions of medical practitioner) ... 5.

Gas-Air Analgesic

The use of this has now been given up completely in favour of trilene.

Trilene Analgesic

- Doctor not present 4.
- Doctor present 0.

Pethidine Administered

- Doctor not present 5.
- Doctor present 0.

3. Health Visiting Service (N.H.S. (S) A. 1947, Sect. 24)

Although 1969 was a year of change in relation to the Health Visiting Service we were able through most of the year to maintain an adequate staff.

Miss Margaret McCallum who had been in the employment of the Department for many years, first as a Health Visitor and then from 1960 as Superintendent Nursing Officer, retired in May. She was succeeded by Miss Helen Brown also from our Health Visitor Staff but with wide additional experience in other fields of nursing.

This in itself created one vacancy and we also had two other resignations.

It was fortunate that we had two trainees away on the Health Visitor Training Course who returned having gained their qualification just when they were needed.

We also were able to appoint another nurse who after a time in hospital decided that she wished to return to Health Visiting.

The experience of the year has thus amply justified our policy of enlisting Trainee Health Visitors and sponsoring their training. Response to advertisement nowadays is generally so unproductive that we would probably otherwise have been in serious difficulties.

Unfortunately we have no one in training at the moment. Two candidates whom we were willing to sponsor were not accepted by the Training Course Selection Committee greatly to our disappointment as they had proved to be reliable and competent in their other employment.

It is appreciated that the Health Visitor Course is now a demanding one but it will be of little help to the service if the imposition of too high an academic standard depletes it of potentially useful recruits.

It seems inevitable that the required establishment of Health Visitors will continue to grow. This has been the case ever since 1948, and various factors have been responsible.

The town continues to grow and the population is being increasingly dispersed to new housing areas. The routine work of the past thus takes much longer to do but at the same time new duties develop. The care and supervision of the aged, the prevention of break-up of families, the supervision of "at risk" and handicapped children, additional immunisation work, the inauguration of several new schools, expansion of health education - all these considerations leads to a growing demand for Health Visitor services if the facilities provided by the Health Department are to be kept in tune with what is now recognised to be necessary and desirable in a modern community.

It is clear too that attachment of staff to general medical practices will also require additional personnel.

At the end of the year discussions on this development were taking place with one large practice with a view to starting a pilot experiment in 1970.

It is hoped that this will provide useful experience of this new concept which it is hoped will be generally adopted when the proposed Health Centre on the Airdrie District Hospital site eventually materialises.

Meantime the work of the Health Visitor staff continues largely on traditional lines.

They carry out routine domiciliary visitation of all children and give advice to expectant and nursing mothers. They also attend at the various child welfare and/

and ante-natal clinics, assist at immunisation sessions and attend at the local schools in connection with the routine visits for diphtheria prophylaxis. They carry out the nursing duties at other clinics held by the Specialist Officers of the hospital authority within the Burgh, and at the Dental Clinic on days when patients are having general anaesthesia.

It has not been possible so far to extend their duties very much more widely although regular visits are paid to an Old Person's Hostel owned by the local authority and assistance is always provided in specific cases on request generally in co-operation with the hospital social work services.

Apart from the steady increase in the actual volume of work falling upon the Health Visitors, the greater dispersal of the population in new housing schemes means that much of their time, than formerly, is now spent on travelling and walking between visits. Districts have been arranged so as to reduce this unproductive time as much as possible, and some car allowances are now paid.

Every effort is made by the Health Visitor to guide and assist mothers in the care of their children and to educate them in the proper principles of their nutrition and upbringing.

A film projector was obtained during 1952 and use is being made of it in informal talks and demonstrations to small groups in educational work of this kind.

The intimate contact which the Health Visitors have with the homes also enables them to bring prominently to the notice of mothers all the facilities which are provided for the children's welfare.

This is notably so as regards the various immunisation procedures, the use of vitamin supplements and the care of the teeth.

Opportunities are given for attendance at suitable Refresher Courses for Health Visitors.

Details of the work done at the clinic and by the Health Visitors will be found elsewhere.

One other health visitor is also employed by the Authority but her duties are mainly in connection with infectious disease - particularly the domiciliary supervision of tuberculosis cases. She assists also at the Tuberculosis Clinics and undertakes the nursing work in connection with the extension of B.C.G. vaccination to school children.

Extra office accommodation for Health Visitors was provided on the upper floor of the building which the Town Council acquired in 1948 for adaptation as a Central Clinic.

A further section of these premises was taken over in 1957 and again last year to provide accommodation for records, stores and additional office space but the whole building is now out of keeping with modern ideas and repairs and general maintenance are costly. With a larger public demand on the facilities its shortcomings are no longer tolerable and the provision of a comprehensive new office and clinic building is at present under consideration by the Town Council. There is also a prospect of better clinical facilities in a new Health Centre which is being planned in association with the New District Hospital.

The Superintending Nursing Officer organises and controls the work of the Health Visitors and other Public Health Nurses and also acts as Superintendent of Midwives and exercises a general supervision over the work of the Home Nursing Service.

HEALTH & TUBERCULOSIS VISITING

Number of cases and home visits

| <u>Visited by Health Visitors</u> | <u>Cases</u> | <u>Visits</u> |
|---|--------------|---------------|
| Expectant Mothers | 51 | 78 |
| Children born in 1969 | 816 | 5,105 |
| Children born in 1968 | 985 | 4,226 |
| Children born in 1964-67 | 2,048 | 5,493 |
| School Children | 74 | 295 |
| Persons aged 65 or over | 107 | 466 |
| Persons aged 65 or over visited at special request of general practitioner or hospital | - | - |
| Mental Health:- care & after care | 5 | 9 |
| Mental Health cases visited at special request of general practitioner or hospital | - | - |
| Other hospital after-care | - | - |
| Hospital after-care cases visited at special request of general practitioner or hospital | - | - |
| Tuberculosis Households | 174 | 947 |
| Other Infectious Disease | 65 | 96 |
| Miscellaneous | 179 | 330 |
| Totals | 4,504 | 17,045 |

4. Home Nursing Service (N.H.S. (S) A. 1947, Sect. 25)

This section of the Act required the local health authority to set up a home nursing service "for securing the attendance of nurses on persons who required nursing in their own homes".

At the appointed day there already existed in Airdrie an organisation set up in 1897 and maintained by voluntary subscription which was known as the Airdrie and District Nursing Association.

The Association provided nursing services within the Burgh and also in the immediately adjacent landward area of the County.

The Town Council, therefore, considered that the most suitable way of discharging their responsibilities under this section of the Act would be to enter into an agreement whereby the Airdrie & District Nursing Association would provide such services in return for an appropriate financial adjustment.

This arrangement was initiated on July, 5th 1948. The Association discontinued its work in the County Area and the three nurses employed became wholly employed on home nursing work within the Burgh. The arrangement has continued to work well during 1969 and the staff now numbers six nurses, an increase of one having been authorised in 1966.

The total visits paid are shown below. A record is now being kept of the type of visits and a table is given showing the manner in which the nursing service is actually employed.

HOME NURSING SERVICE STATISTICS

| | Cases | Visits |
|--|-------|--------|
| Total No. of persons nursed during the year | 508 | 16,399 |
| No. aged under 5 at first visit during 1969 | 23 | 123 |
| No. aged 65 or over at first visit during 1969 | 278 | 12,314 |

Classification of Visits

| | | | |
|------------------------------------|-------|---------------|-----------------|
| General Nursing Care | | 5,975 | (5,491) |
| Injectons Only | | 6,753 | (4,736) |
| Dressings | | 2,510 | (1,476) |
| "Doctors orders" | | 1,161 | (611) |
| (i.e. various special procedures). | | | |
| | | <u>16,399</u> | <u>(12,314)</u> |

(The figures in brackets show the numbers of the various types of visits which were paid to patients who were over 65).

5. Domestic Help Service (N.H.S. (S) A. 1947, Sect. 28)

The provision of a home help service is one of the permissive sections of the National Health Service but it was apparent almost from the beginning that there was demand for such facilities and that they could play a most useful part in the alleviating hardship and distress, and indeed real domestic emergency which could not easily be assisted in any other way.

In our original scheme we undertook to start the service in February, 1949, with four domestic helps but this number quickly proved to be inadequate. Further expansion took place during 1950 from 18 to a total of 29, and then in later years to about 65.

The demand appeared to have stabilised at about that figure but last year it went up to 288.

The cost to the authority is very considerable as many householders can contribute only a small weekly sum. The cost of the service continues to be a matter of concern to the Authority. No full time home helps are now supplied unless in exceptional circumstances.

The Service, which was nominally under the control of the Medical Officer of Health was administered from day-to-day by the Social Welfare Officer who had the assistance of a Home Help Organiser in the choice of the actual persons employed and supervision of their work, but has now been transferred entirely to the Social Work Department.

So far there has been a satisfactory supply of suitable women anxious to join the Service.

DOMESTIC HELPS - STATISTICS

| | | |
|-------|---|------|
| (i) | No. of Domestic Helps employed at end of year | |
| | (a) Whole-time | - |
| | (b) Part time | 288. |
| | (c) Retaining Fees Basis | Nil. |
| (ii) | No. of cases for which Home Helps were provided during year | 249. |
| (iii) | No. of cases in (ii) dealt with on account of confinement | |
| | (a) At Home | - |
| | (b) In Hospital | - |
| (iv) | No. of cases in (ii) provided on account of chronic sickness including age and infirmity (aged 223, chronic illness 5, others 21) | 249. |

6. Vaccination and Immunisation (N.H.S. (S) Act, 1947 Sect. 26)

Smallpox Vaccination

In accordance with recent recommendations we no longer vaccinate very young infants and the procedure is now fitted into the general immunisation schedule when a child is one year old. This change has resulted some reduction of the number of children brought for primary vaccination.

There is still a considerable demand for re-vaccination of older persons due to the increase in holiday travel abroad to countries where an International Certificate of Vaccination is required. In 1967 the number reached a record figure of 521.

Vaccination Statistics

Primary Vaccinations

| | | |
|-----------------------|-------|------|
| (1) Successful "take" | | 290. |
| (2) "No take" | | 17. |
| (3) Not examined | | 17. |
| Total | | 324 |

Re-Vaccinations

| | | |
|-----------------------|-------|------|
| (1) Successful "take" | | 190 |
| (2) "No take" | | 9. |
| (3) Not examined | | 47. |
| Total | | 245. |

INFANT VACCINATION

Consolidated table for last five years to show percentage of infants who have been vaccinated.

| Year of Birth | Successfully Vaccinated in | | | | | Total vaccinated in last five years | Approximate number in age group | Percentage vaccinated |
|---------------|----------------------------|------|------|------|------|-------------------------------------|---------------------------------|-----------------------|
| | 1965 | 1966 | 1967 | 1968 | 1969 | | | |
| 1969 | - | - | - | - | 5 | 5 | 748 | 0.7% |
| 1968 | - | - | - | 3 | 118 | 121 | 767 | 15.8% |
| 1967 | - | - | 2 | 147 | 85 | 234 | 845 | 27.7% |
| 1966 | - | 5 | 160 | 97 | 11 | 273 | 807 | 33.8% |
| 1965 | 2 | 174 | 82 | 17 | 8 | 283 | 818 | 34.6% |
| Totals | | | | | | 916 | 3,985 | 23.0% |

Calculated on ages 1-5 only the overall percentage is 28.1%

IMMUNISATION AGAINST TUBERCULOSIS

B.C.G. Vaccination

Reference to what is being done in this regard will be found in the section of the Report dealing with Tuberculosis.

DIPHTHERIA IMMUNISATION

The public attitude to diphtheria immunisation is fortunately much more enlightened than to vaccination and very little difficulty is now experienced by Health Visitors in persuading parents to have their children treated.

Visits were paid to all the schools in the area and immunisation or re-immunisation of the pupils in attendance was carried out as required.

For children below school age a weekly immunisation clinic was held throughout the year except in the summer holidays, and every endeavour made to ensure that mothers brought their children for treatment. Combined antigens affording protection against whooping cough and tetanus as well as against diphtheria, are now used almost exclusively.

Where a child had not been immunised by its first birthday, a postal reminder was sent and special attention given to the case by the Health Visitor.

The tables overleaf give details of the actual work done during the year.

IMMUNISATION

DIPHTHERIA PERTUSSIS TETANUS

Numbers of children completing full primary course against:-

| Year of Birth | Diphth- eria | Tetanus | Per- tussis | Diphth- eria Per- tussis | Diphth- eria Tetanus | Diphth- eria Per- tussis Tetanus |
|--------------------|-----------------|---------|----------------|-----------------------------------|----------------------------|---|
| 1969 | - | - | - | - | - | 74 |
| 1968 | - | - | - | - | - | 363 |
| 1967 | - | 1 | - | - | - | 28 |
| 1966 | - | 2 | - | - | - | 17 |
| 1965 | - | 1 | - | - | 4 | 8 |
| 1964 | - | 1 | - | - | 43 | 2 |
| 1963 | - | - | - | - | 34 | 1 |
| 1962 or earlier | - | 104 | - | - | 13 | 2 |
| Totals | - | 109 | - | - | 94 | 495 |

Numbers of children receiving maintenance inoculations against:-

| Year of Birth | Diphth- eria | Tetanus | Per- tussis | Diphth- eria Per- tussis | Diphth- eria Tetanus | Diphth- eria Per- tussis Tetanus |
|--------------------|-----------------|---------|----------------|-----------------------------------|----------------------------|---|
| 1969 | - | - | - | - | - | - |
| 1968 | - | 1 | - | - | - | 1 |
| 1967 | - | 11 | - | - | - | - |
| 1966 | - | 2 | - | - | - | 4 |
| 1965 | - | 7 | - | - | 1 | 6 |
| 1964 | - | 10 | - | - | 426 | 10 |
| 1963 | - | 13 | - | - | 140 | 9 |
| 1962 or earlier | 3 | 165 | - | - | 6 | 10 |
| Totals | 3 | 209 | - | - | 573 | 40 |

DIPHTHERIA IMMUNISATION

Consolidated table for last four years to show percentage of child population recently immunised.

| Year of Birth | Immunised or re-immunised in | | | | Total protected within four years | Approximate No. in age Group | Percentage |
|------------------|------------------------------|------|------|------|-----------------------------------|------------------------------|------------|
| | 1966 | 1967 | 1968 | 1969 | | | |
| 1969 | - | - | - | 44 | 44 | 748 | 5.9% |
| 1968 | - | - | 142 | 365 | 507 | 767 | 66.1% |
| 1967 | - | 250 | 354 | 40 | 644 | 845 | 76.2% |
| 1966 | 305 | 333 | 31 | 25 | 694 | 807 | 86.0% |
| 1965 | 352 | 35 | 20 | 27 | 434 | 818 | 53.1% |
| 1964 | 35 | 23 | 28 | 492 | 578 | 839 | 68.9% |
| 1963 | 19 | 13 | 447 | 197 | 676 | 797 | 84.8% |
| 1962-55 | 352 | 296 | 223 | 303 | 1,374 | 5,771 | 23.8% |
| Aged 0-15 Totals | | | | | 4,951 | 11,392 | 43.5% |

WHOOPING-COUGH IMMUNISATION - TETANUS IMMUNISATION

Children are now generally immunised against diphtheria whooping-cough and tetanus simultaneously by the use of "Triple Antigen". Supplies of this prophylactic material are also made available free of charge to local doctors.

During the year 495 children had this threefold protection.

| | By Health Dept. at Clinic or School | | By Family Doctor | | Totals |
|----------------------------|--|------------------|---------------------|------------------|--------|
| | Initial Course | Mainten- ance | Initial Course | Main- tenance | |
| Pre- School Children | 388 | 11 | 113 | 22 | 534 |
| School Children | 89 | 563 | 108 | 229 | 989 |
| | 477 | 574 | 221 | 251 | 1,523 |

Health and Welfare Services Circular No. 4/1966 drew attention to the possibility of immunising susceptible children against measles. As a result of controlled trials conducted by the Medical Research Council the Joint Committee on Vaccination and Immunisation of the Central and Scottish Health Services Council accepted that the vaccination schedules used were effective and acceptable procedures. The Committee however, went on to say that it regarded as premature any programme of general measles vaccination although it agreed that the appropriate vaccines should be made available to general practitioners. At that time the Secretary of State did not suggest that local authorities should make arrangements for such vaccinations in terms of section 26 although he was prepared to consider giving his approval if requested to do so.

Since then events have moved on and in Health and Welfare Services Circular No. 9/1968 local authorities were asked to make arrangements for the protection of all susceptible children up to the age of 15 and offered free supplies of the necessary vaccine - a concession which was not previously available, and has now again been withdrawn.

These facilities were offered and publicised from May, 1st 1968, but the response so far has been poor both at clinics and under the general practitioners. It was known that a substantial proportion of cases treated might be expected to have a mild febrile reaction and a transient rash and no doubt this acted as a deterrent compared with the ready acceptance of other immunisation procedures which nowadays are expected to be (and generally are) completely trouble free.

| | |
|---------------------|-------|
| Number Immunised | 1969 |
| | 1968 |
| | 1967 |
| | 1966 |
| | 1965 |
| | 1964 |
| | 1963 |
| | 1962 |
| | 1961 |
| | 1960 |
| | 1959 |
| | 1958 |
| | 1957 |
| 1956 | |
| 1955 | |
| 8 | TOTAL |

POLIOMYELITIS VACCINATION

D.H.S. Circular No. 5/1962 issued on 31/1/62 authorised the use of oral poliomyelitis vaccine and we commenced using it in May of that year. Since then it has been used exclusively. This change over from the former procedure of Salk Vaccine by injection has been a great saving in time and trouble and the oral method is of course much more acceptable to the children brought for treatment.

The table below gives details of the numbers of persons receiving oral vaccine during 1969.

Oral Vaccine (1969)

| | 1st Treat- ment | 2nd Treat- ment | 3rd Treat- ment | Main- tenance Dose | Totals |
|------------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------|
| Pre-School Children | 712 | 642 | 606 | 54 | 2,014 |
| School Children & Older Persons | 97 | 61 | 45 | 358 | 561 |
| Totals | 809 | 703 | 651 | 412 | 2,575 |

7. Prevention of Illness, Care and After Care (N.H.S. (S) A. 1947 Sect. 27)

(a) Tuberculosis.

The tables which follow show that tuberculosis still cannot be disregarded. The Mass Radiography Campaign held during 1958 made an important contribution towards its reduction but since then the figures for recent years have remained rather static.

In 1969 the number of confirmed notifications of tuberculosis of all forms was 18, thirteen of whom had pulmonary disease. There were five cases notified with non-respiratory tuberculosis.

This compares with last year's figures of 16 pulmonary cases and one case of non-pulmonary infection.

There were two deaths, one from the late effects of pulmonary tuberculosis and one from tuberculous meningitis.

These give a rate of 0.03 for both pulmonary and non-pulmonary disease.

In 1967 the rates were 0.03 and 0.00 respectively per 1,000 of the population.

The following tables set forth the position from 1938 onwards and are of interest in showing the trends of the disease over the period.

PULMONARY DISEASE - AIRDRIE BURGH

| Year | Average 1938-47 | Average 1948-57 | Average 1958-62 | Average 1963-67 | 1968 | 1969 |
|--------------------|--------------------|--------------------|--------------------|--------------------|------|------|
| Notificat- ions | 25.7 | 34.7 | 22 | 20 | 16 | 13 |
| Deaths | 12.8 | 9.3 | 3 | 2 | 0 | 1 |
| Death Rate | 0.46 | 0.30 | 0.09 | 0.06 | 0.00 | 0.03 |

NON-PULMONARY DISEASE - AIRDRIE BURGH

| Year | Average 1938-47 | Average 1948-57 | Average 1958-62 | Average 1963-67 | 1968 | 1969 |
|--------------------|--------------------|--------------------|--------------------|--------------------|------|------|
| Notificat- ions | 12.0 | 7.5 | 4 | 2 | 1 | 5 |
| Deaths | 4.6 | 1.8 | .2 | 0 | 0 | 1 |
| Death Rate | 0.19 | 0.06 | 0.006 | 0.00 | 0.00 | 0.03 |

As explained previously in paragraph A(page 9) the respective functions of the local authorities of the hospital authority with regard to tuberculosis are very closely co-ordinated.

Originally the Tuberculosis Physician had his office in the Health Department and all records were held in common. Unfortunately some disturbance of this arrangement took place in 1957. The opening of the new Out-patient Department at Alexander Hospital with its section for tuberculosis resulted in the Tuberculosis Physician transferring his headquarters there. Nevertheless, he continues to keep closely in touch with our side of the work and we still maintain in the Health Department the main records relating to notified cases. Despite the transfer to Coatbridge the Infectious Disease Nurse employed by the health authority staff attend the diagnostic and treatment clinics and continue the visitation of cases and contacts.

Great stress is laid on case finding.

The diagnostic facilities of the weekly chest clinic are made most freely available to all the doctors in the area. Every effort is made to have all contacts examined and kept under supervision and a separate "contact clinic" is held in separate premises and at a different time from a regular tuberculosis clinic.

The next table shows the manner in which the notified cases of respiratory tuberculosis were discovered and brought under supervision.

The "symptom-group" comprises those patients who attended or were referred for examination because they were already complaining of some symptom. The other categories comprise those cases who would not immediately have been discovered but for the active measures taken to find them.

Methods by which new patients were discovered to be suffering from respiratory tuberculosis

| | |
|--|------------------|
| Symptom-group examination | 11 |
| Contact group examination | 2 |
| Mass Miniature Radiography (General public etc.) | - |
| Routine examination | School Staffs - |
| of | National Service |
| Special Groups | Recruits - |
| | Emigrants - |
| Total | 13 |

A monthly B.C.G. Clinic is now being held and tuberculin negative contacts are treated there by the Tuberculosis Physician. Children requiring segregation can be accommodated in Arranview Children's Home by arrangements with the Social Work Committee.

The only extra nourishment given to tuberculosis patients is milk. Vouchers are given to patients recommended by the Tuberculosis Physician and milk is obtained from the customary milkman who renders to the Health Department his/

his account accompanied by the voucher.

During the year 12 (7 in 1968) patients received free milk at a total cost of about £118. The cost in 1968 was £40. In 1953 it was as high as £600.

There has been no difficulty in securing hospital accommodation for cases of tuberculosis. No case in need of active treatment has had to wait for a bed.

There were no patients on the waiting list at the end of the year.

AFTER-CARE

Proper housing is regarded as being of great importance in dealing with tuberculosis. Not only does it facilitate the care of the actual patient and contribute to his recovery but it helps also to reduce the amount of risk to other members of the household.

This has been fully recognised by the Town Council and arrangements are such that generally speaking, no case is sent home to unsuitable housing conditions. The Council's housing Pointage Scheme is heavily weighted in favour of the tuberculosis patient and by co-operation between the Health Department, the Housing Department and the Sanitary Inspector's Department it is usually possible to make some satisfactory arrangement for such cases.

It is considered that the domiciliary work of the Tuberculosis Nurse is particularly valuable in after-care of the tuberculosis patient and his family.

Her regular visits help to keep up the morale of the patient and she is able to play a valuable part in educating the household in the measures necessary to avoid further infection. Her influence is important too, in prevailing upon contacts to attend for examination and supervision and for B.C.G. vaccination should that be indicated.

She reports too, on the patients' needs and recommends them for any necessary assistance in the way of bedding.

The Council has arrangements for meeting such needs and one case was assisted during the year.

Patients are also helped to obtain any additional Ministry of Social Security grants to which they may be entitled.

B.C.G. VACCINATION

| | Tuberculin tested | | Negative reactors | | Vaccinated during 1969 | |
|----------------------|-------------------|-----|-------------------|-----|------------------------|-----|
| | M. | F. | M. | F. | M. | F. |
| (1) Nurses | - | - | - | - | - | - |
| (2) Medical Students | - | - | - | - | - | - |
| (3) Contacts | 33 | 39 | 33 | 39 | 44 | 45 |
| (4) Special Groups | | | | | | |
| (a) School Leavers | 333 | 356 | 301 | 325 | 301 | 325 |
| (b) New-Born Babies | - | - | - | - | - | - |
| (c) Others | - | - | - | - | - | - |

We have not yet adopted a formal scheme for the B.C.G. Vaccination of all new born infants. Some were dealt with as contacts.

During 1954 we extended our provisions for B.C.G. Vaccination to include the systematic vaccination of children of school-leaving age and this scheme duly received the approval of the Secretary of State.

Up till 1960 the children eligible each year were those who had reached their fourteenth birthday during the school year. The work was started on this basis during 1955 and subsequent years, but in 1961 for administrative convenience the "school year" was altered to the "calander year". We have not so far lowered the age limit for vaccination to 10 as has been suggested.

With the ready co-operation of the Headmasters, lists were prepared of all the children in the appropriate age groups and a letter explaining the proposed procedure was then sent to all their parents.

A form of consent was also enclosed for signature and return.

Of the four schools involved the relevant figures for 1969 were as follows:-

| | |
|--------------------------|---|
| Total number of children | 768. |
| Total consents | 714 (+ 15 already treated elsewhere = 729). |
| Percentage consenting | 95%. |

The actual work of testing and vaccination was commenced when the schools resumed in the beginning of 1969 and the results are included in the table above. The overall percentage of negative reactors (i.e. those requiring to be vaccinated) was 90.9%.

The following table shows the percentages of negative reactors amongst the children tested for each year since the work commenced in 1955:-

| Year | Percentage of negative reactors |
|------|---------------------------------|
| 1955 | 60.5% |
| 1956 | 71.7% |
| 1957 | 68.7% |
| 1958 | 79.0% |
| 1959 | 77.0% |
| 1960 | 81.3% |
| 1961 | 86.3% |
| 1962 | 87.7% |
| 1963 | 88.0% |
| 1964 | 89.4% |
| 1965 | 86.6% |
| 1966 | 88.2% |
| 1967 | 89.3% |
| 1968 | 90.2% |
| 1969 | 90.9% |

It is considered that this reflects the continued progress of our anti-tuberculosis measures generally, inasmuch as a growing percentage of children are reaching school leaving age without having contracted a primary infection.

Since the B.C.G. Vaccination Scheme was started children of school leaving age have been dealt with in the Burgh as completely as possible but relatively little has been done in the schools of the landward county.

This circumstance provides a basis of comparison on which to judge the value of the procedure.

In the Report for 1967 tables were included which showed in detail that the incidence of pulmonary tuberculosis did not vary greatly during 1962-66 between the burgh and county populations who had left school before the scheme started but that there was a significant difference between the two areas when one considered new cases arising in persons aged 15-24 who had left school during the years during which vaccination was offered in the burghs.

The difference was especially marked in females.

TUBERCULOSIS - STATISTICAL RETURNS, 1969

Part I - RESPIRATORY TUBERCULOSIS

1. Number of cases formally notified for the first time or regarded as notified from 1st January, 1969 to 31st December, 1969

| | AGE GROUPS | | | | | | | | | |
|---------|------------|-------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|
| | Under 1 | 1 & under 5 | 5 & under 15 | 15 & under 25 | 25 & under 35 | 35 & under 45 | 45 & under 55 | 55 & under 65 | 65 & up wards | Total |
| Males | - | - | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 9 |
| Females | - | 1 | 4 | - | 1 | 1 | - | - | - | 4 |
| Total | - | 1 | 2 | 1 | 3 | 2 | 1 | 1 | 2 | 13 |

- II Number of cases confirmed to be suffering from active respiratory tuberculosis during the year

| | AGE GROUPS | | | | | | | | | |
|---------|------------|-------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|-------|
| | Under 1 | 1 & under 5 | 5 & under 15 | 15 & under 25 | 25 & under 35 | 35 & under 45 | 45 & under 55 | 55 & under 65 | 65 & up wards | Total |
| Males | - | - | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 9 |
| Females | - | 1 | 1 | - | 1 | 1 | - | - | - | 4 |
| Total | - | 1 | 2 | 1 | 3 | 2 | 1 | 1 | 2 | 13 |

- III Number of new cases in Table II admitted to Hospital for tuberculosis treatment for the first time during the year

| | AGE GROUPS | | | |
|---------|------------|---------------|-----------|-------|
| | Under 15 | 15 & under 45 | 45 & over | Total |
| Males | 1 | 3 | 3 | 7 |
| Females | 1 | 1 | - | 2 |
| Total | 2 | 4 | 3 | 9 |

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS)

IV. Number of patients admitted to, discharged from, or dying in Tuberculosis Hospitals, Sanatoria or wards in other Hospital reserved for the treatment of the tuberculous

| | In Hospital on January 1st | Admitted during the year | Discharged during the year | Died in Hospital | In Hospital on December 31st |
|-------------------------------------|----------------------------------|--------------------------------|----------------------------------|---------------------|------------------------------------|
| <u>Under 15 yrs</u> Males | - | 1 | 1 | | - |
| Females | - | 1 | 1 | - | - |
| <u>15-44 yrs</u> Males | - | 3 | 3 | - | - |
| Females | 1 | 1 | 2 | - | - |
| <u>45 yrs and over</u> Males | 1 | 3 | 2 | 1 | 1 |
| Females | - | - | - | - | - |
| Total | 2 | 9 | 9 | 1 | 1 |

V. Number of patients dying from respiratory tuberculosis in Hospital accommodation other than that reserved for tuberculosis patients

Nil.

WAITING LIST

I. Number on Waiting List for Admission to Hospital at 31st December, (Respiratory Tuberculosis)
(Relating only to patients waiting more than two weeks)

| | | |
|----------|---------|-----|
| Under 15 | Males | - |
| | Females | - |
| Adults | Males | - |
| | Females | - |
| Total | | Nil |

Part II - NON-RESPIRATORY TUBERCULOSIS

VII. Number of cases formally notified for the first time or regarded as notified as suffering from non-respiratory tuberculosis during the year 1969

| | AGE GROUPS | | | | | | | | | |
|---------|------------|-------------|--------------|---------------|---------------|---------------|---------------|---------------|--------------|-------|
| | Under 1 | 1 & under 5 | 5 & under 15 | 15 & under 25 | 25 & under 35 | 35 & under 45 | 45 & under 55 | 55 & under 65 | 65 & upwards | Total |
| Males | - | - | - | - | - | 2 | - | - | - | 2 |
| Females | - | - | - | - | 3 | - | - | - | - | 3 |
| Total | - | - | - | - | 3 | 2 | - | - | - | 5 |

VIII. Number of cases confirmed to be suffering from active non-respiratory tuberculosis during the year (excluding transfers in)

| Form | Sex | Under 1 | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | 65+ | Total |
|--------------------------|-----|---------|-----|------|-------|-------|-------|-------|-------|-----|-------|
| 1. Abdominal | M | - | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | 1 | - | - | - | - | 1 |
| 2. Meningeal | M | - | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - | - |
| 3. Miliary | M | - | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - | - |
| 4. Bones & Joints | M | - | - | - | - | - | 1 | - | - | - | 1 |
| | F | - | - | - | - | - | - | - | - | - | - |
| 5. Superficial Glands | M | - | - | - | - | - | 1 | - | - | - | 1 |
| | F | - | - | - | - | - | - | - | - | - | - |
| 6. Genito urinary Organs | M | - | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - | - |
| 7. Other Organs | M | - | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | 2 | - | - | - | - | 2 |
| Total | | - | - | - | - | 3 | 2 | - | - | - | 5 |

Part III - ANALYSIS OF TUBERCULOSIS DEATHS

IX. Number of persons who died from tuberculosis in the area during the year with the period elapsing between notification or intimation and death

| | Respiratory | | Non-Respiratory | |
|--|-------------|---------|-----------------|---------|
| | Males | Females | Males | Females |
| Number of persons who died from tuberculosis of whom - | | | | |
| Not notified or notified only at or after death | - | - | - | - |
| Notified less than 1 month before death | - | - | - | - |
| Notified from 1 to 3 months before death | - | - | - | - |
| Notified from 3 to 6 months before death | - | - | - | - |
| Notified from 6 to 12 months before death | - | - | - | - |
| Notified from 1 to 2 years before death | - | - | - | - |
| Notified over 2 years before death | 1 | - | - | 1 |
| Total | 1 | - | - | 1 |

Part IV - THE TUBERCULOSIS REGISTER

X. Return of number of persons resident in the area at 31st December, 1969 who were known to be suffering from tuberculosis

(Only cases in which a diagnosis of tuberculosis has been confirmed should be included. Persons in sanatoria, etc., should be included in the figures for the area in which they have their home residence).

| Form | Sex | Under 1 | 1-5 | 5-15 | 15-25 | 25-35 | 35-45 | 45-55 | 55-65 | 65+ | Total |
|--------------------|-----|---------|-----|------|-------|-------|-------|-------|-------|-----|-------|
| 1. Respiratory | M | - | - | 9 | 6 | 15 | 15 | 12 | 20 | 11 | 88 |
| | F | - | 2 | 10 | 7 | 12 | 14 | 15 | 8 | - | 68 |
| 2. Non-Respiratory | M | - | - | 1 | - | - | 2 | - | - | - | 3 |
| | F | - | - | 1 | 1 | 4 | 4 | - | 2 | 1 | 13 |

7. Prevention of Illness, Care and After-care (Cont'd).

(b) Other Illnesses generally including epileptics and spastics

No organised arrangements have so far been made for the care and after-care of illness other than tuberculosis. The Council has, however, been supporting the work and interests of the Scottish Epilepsy Association and the Muscular Dystrophy Group.

(c) Convalescent Home Provision

The local authority does not maintain any convalescent homes.

(d) Care of Old People

(i) Homes or Hostels

During 1949 the Town Council acting as trustees of a bequest known as the Strain Trust, and in terms of the bequest, took steps to set up at Home for Old Men.

They acquired a mansion house known as "Rosemount", Forrest Street.

This was remodelled and equipped to provide accommodation for up to fourteen elderly men who each pay a fee according to their means towards the cost of their maintenance. A married couple were engaged and installed as warden and housekeeper.

The Home was formally opened on 12th October, 1949, by the late Mrs Jean Mann, M.P., and is now known as Strain House in memory of the benefactor who left the bequests for its inception. There are also plans to provide an Old Folk's Home on a site in Forrest Street.

(ii) Hostel or similar accommodation

The Local Authority also possesses one block of fourteen single apartment houses which are kept for old people aged 60 and over.

These, however, do all their own work and have separate kitchen and lavatory accommodation. There is a common bathroom.

These persons are, of course, all independent tenants living entirely on their own and conducting their own affairs.

Nevertheless, they occasionally present something of a problem when they fall ill especially if they do so suddenly.

As a result of past experiences the Burgh Factor became worried about the matter and in 1951 asked for the help of the Health Department.

It was arranged for one of the more active tenants to keep a register of everyone showing details such as next-of-kin and family doctor and to make a point of assuring himself unobtrusively each day that nobody is ill or in need of help.

He thus knows exactly whom to inform if anyone needs assistance.

In addition one of the Health Visitors makes contact almost daily so that her advice may be available to the unofficial "warden" and periodically she pays a fuller visit and sees all the old people.

Recent housing schemes have made provision for many 2 apartment houses for allocation to old persons or married couples over 65 years.

In/

In the whole Burgh there are now 690 municipally owned 2 apartment houses.

(iii) Housing on Medical Grounds

Special consideration is given to persons who submit that they require priority for housing because of their medical condition.

During the year 28 such cases were specially examined by the Medical Officer of Health and full reports submitted for the information of the Housing and Town Planning Committee. This was about the same number as last year. The investigation of these cases is very time-consuming and the advice to be given to the Committee often occasions much anxious consideration but the numbers have declined steeply from a quite recent average of 60 per annum so that it would seem that the more pressing needs are being adequately met.

The Scheme for Exchange of House on Medical Grounds was revised in 1963 in an attempt to ensure that cases were dealt with according to priority of need and the new arrangements appear to be reasonably satisfactory.

(iv) Home Helps

In terms of the Authority's Home Help Scheme any old person is eligible for such assistance as may be required.

(v) Old Peoples Clubs and similar organisations

The Town Council provides a club-room in the Central Public Park for the Veterans Association and has also recently extended the provision of old men's shelters in suitable areas of open ground so that there is now one in each municipal ward - at Burnie Brae, Deedes Street, Thrushbush Road, Livingstone Place and Wheatholm Park.

The Salvation Army also provides facilities for old people in their recently extended premises in Hallcraig Street.

A club meets in premises in Callon Street, and this venture is maintained by the pensioners themselves.

The Clarkston Miners and Community Welfare recently built a club-room for old people with the assistance of a grant from the King George VI Jubilee Trust. This organisation also provides treats for old people at Christmas and New Year and bus runs during the summer. Some 3-400 persons benefit from these arrangements.

Other social clubs in the town make somewhat similar provisions although on a smaller scale, notably in Dunrobin and at Rawyards.

Finally the high light of the year is the Town Council's annual Old Folk's Treat which provides a day sail on the Clyde for over 600 persons. In 1969 they were taken to Dunoon and the Kyles of Bute.

(vi) Charitable Bequests and Endowments

There are a number of charitable bequests directed towards the welfare of old people. These are the Airdrie Female Benevolent Society and Jane Nicol Bequest which distribute small sums of money and give general welfare attention by means of voluntary workers.

The Scottish Branch of the British Red Cross Society is also active.

The Town Clerk administers a number of endowments, the income of which is spent upon the provision of coal both to old people and to necessitous cases during the winter months.

(viii)/

(vii) Airdrie Old People's Welfare Committee

Airdrie Old People's Welfare Committee was established in 1951 and is representative of all voluntary organisations in the Town. Under its auspices a weekly club meeting is held in the Community Centre every Thursday afternoon except during the holiday season. There is similar provision for the Craigneuk area, the meeting place being Craigneuk Church Hall.

The general objects of the Committee are to provide such services as are not available under the ordinary schemes of Social Welfare and another development during 1956 was the inauguration of a "Meals on Wheels" Service.

This started during the early months of 1955 and in 1956 had developed to a point where 35 old people were being supplied with a full-three course meal twice per week. The demand fluctuates a good deal but is generally between 18 and 40.

The meals are prepared at the School Cooking Centre in Coatbank Street, Coatbridge, and placed in insulated containers. These are taken out by van and members of the W.V.S. on rota basis go with the van and serve the meals to the old people in their own homes.

A charge is made of 1/-d. per meal. Owing to the dependence of the School Meals Centre the service does not operate during the school holidays.

There are arrangements for visiting the elderly at home and a scheme is at present being developed for alarm lights so that old people living alone can summon help if they are taken suddenly ill.

Electric storage heaters have been installed in the homes of certain old people.

The finances of the Committee are derived from donations and from regular voluntary subscriptions derived from a "Penny-a-Week" fund.

(viii) Chiropody Service

The Chiropody Service was originally pioneered by the Old People's Welfare Committee with the help of the local branch of the British Red Cross Society. It was subsequently taken over by the Welfare Department on the basis that pensioners in need of treatment were referred to private practising chiropodists and the costs met by the Town Council.

The service expanded to an extent justifying the appointment of a full-time chiropodist and this was done towards the end of 1966. Surgery facilities were provided at Wellwynd Clinic and the Health Department assumed responsibility for the general administration of the Service.

Since then the demand for chiropody facilities continued to grow and by the middle of 1967 it had become obvious that additional facilities were required. Two factors contributed to this increased demand - the greater convenience and availability of a whole-time service centred in the Council's clinic premises and the more systematic arrangements for the recall of persons in need of continuing treatment.

Some comment had been made that there were excessive delays in obtaining an appointment for treatment and in view of this the Council agreed to expand the Service by providing three additional half-day sessions at Craigneuk Clinic. These were staffed by private chiropodists employed on a sessional basis and in addition to meeting the immediate need, the facilities in the eastern part of the town have been of advantage to pensioners living in that area who formerly required to travel into the centre.

Mr. William Beattie the whole-time Chiropodist had provided the following figures relating to his speciality for the year 1969.

Registration/

Registration of Patients

| | | Males | Females | Total |
|------------------------------|-------------|-------|---------|-------|
| Routine treatment | - Wellwynd | 153 | 386 | 539 |
| | Craigneuk | 32 | 123 | 155 |
| | Domiciliary | 55 | 157 | 212 |
| | | 240 | 666 | 906 |
| "Await Request" Cases | Wellwynd | 19 | 48 | 67 |
| | Craigneuk | 4 | 21 | 25 |
| Deceased or transferred | | 31 | 29 | 60 |
| Total registered during year | | 294 | 764 | 1,058 |

Percentages of registered patients

| | | Males | Females | Total |
|-------------------------|-------------|-------|---------|--------|
| Routine treatment | - Wellwynd | 14.6% | 36.6% | 51.2% |
| | Craigneuk | 3.0% | 11.6% | 14.6% |
| | Domiciliary | 4.2% | 14.8% | 20.0% |
| | | 22.8% | 63.0% | 85.8% |
| "Await Request" cases | Wellwynd | 1.8% | 4.5% | 6.3% |
| | Craigneuk | 0.4% | 1.9% | 2.3% |
| Deceased or transferred | | 2.9% | 2.7% | 5.6% |
| | | 27.9% | 72.1% | 100.0% |

Treatments Given

| | Males | Females | Total |
|--------------|-------|---------|-------|
| At Wellwynd | 555 | 1,483 | 2,038 |
| At Craigneuk | 146 | 606 | 752 |
| Domiciliary | 219 | 570 | 789 |
| | 920 | 2,659 | 3,579 |

Unkept clinic appointments - 322 = 10%

Percentages relating to treatments given (by sex)

| | Males | Females | Total |
|--------------|-------|---------|--------|
| At Wellwynd | 27.2% | 72.8% | 100.0% |
| At Craigneuk | 19.4% | 80.6% | 100.0% |
| Domiciliary | 27.8% | 72.2% | 100.0% |
| All Cases | 25.7% | 74.3% | 100.0% |

Where treated

| | | Males | Females | Total |
|--------------|-----------|-------|---------|--------|
| | Wellwynd | 15.6% | 41.4% | 57.0% |
| | Craigneuk | 4.1% | 16.9% | 21.0% |
| Total Clinic | | 19.7% | 58.3% | 78.0% |
| Domiciliary | | 6.1% | 15.9% | 22.0% |
| | | 25.8% | 74.2% | 100.0% |

(ix) Health and Welfare Services Circular No. 7/1964 - Laundry Services for Elderly and Infirm

A laundry service for elderly invalids was started in June, 1966, and continued to operate during 1969.

The persons eligible to use this are pensioners in bed at home under the care of the Home Nursing Service.

Basic items of bed-linen and night attire are issued on loan as required and freshly laundered replacements are subsequently supplied as often as necessary in exchange for soiled articles returned for washing. The scheme is operated from the laundry of the Public Baths.

During the year 35 cases were helped - 13 to completion leaving 22 current to be carried forward to 1970.

The weekly average of cases was 21 and about 64 articles were laundered each week. The cost was estimated at about 3/11^d. per case per week.

(x) Liaison with Geriatric Hospital Services

Coathill Hospital, Coatbridge, is being developed as the main geriatric hospital for the area and some accommodation is also available for long-term geriatric female patients in Wester Moffat Hospital.

Formal liaison arrangements still await development but there is quite satisfactory co-operation at officer level.

(e) Prevention of Home Accidents

A booklet dealing with the prevention of home accidents was prepared in 1958 and its distribution continues.

There is not at present any Home Safety Committee in the area nor any formal liaison with the Royal Society for the Prevention of Accidents. The latter body, however, is very helpful in providing posters and leaflets.

There were 7 home accidents with fatal results, 3 males and 4 females.

| | |
|-------------------------------|----|
| Accidental coal gas poisoning | 2. |
| Falls | 3. |
| Electrocution | 1. |
| Accidental asphyxia (infant) | 1. |

This was two more than the number of fatal cases last year.

The subject of home accidents is discussed further on pages 68 and 69.

8a. Control of Infectious Diseases

The notifications numbered 210 and as in 1968 were twice the average of the years before 1968. Pneumonia and tuberculosis accounted for 62 of these. The incidence of other infectious diseases was insignificant and the increase was again mainly due to the new requirement to notify measles (see below) since 82 cases were notified.

The year therefore was uneventful. The number of cases of scarlet fever notified was only 9 but the disease is now generally so mild that it appears certain that more cases go unrecognised or at least unnotified.

Anthrax

From October, 1st 1960, Anthrax was added to the list of notifiable diseases. There was formerly an obligation to inform the Chief Inspector of Factories of cases occurring among factory workers but medical practitioners are now required in addition to inform the local Medical Officer of Health of any case coming to their notice.

The risk affects chiefly workers in trades dealing with wool, hides, brushes and bone meal. There are no such industries in Airdrie but there are at least 4 in Glasgow and others elsewhere in the West of Scotland.

No cases have so far been reported locally.

Measles and Infective Jaundice

From October, 1st 1968, these two diseases were added to the list of notifiable diseases in terms of the Public Health (Infectious Disease) (Scotland) Amendment Regulations 1968.

These regulations also raised the notification fee payable to doctors to 5/-d. per case of notifiable disease.

The fee of 2/6d. previously paid was prescribed by section 4 of the Infectious Diseases (Notification) Act, of 1889 - a circumstance which induces some interesting reflections on relative values during 80 years.

8b. Annual Notifications

The tables given overleaf shows the actual number of confirmed cases of various diseases which were notified during 1969 with the figures for the five previous years shown in parallel columns for comparison.

ANNUAL NOTIFICATIONS OF INFECTIOUS DISEASES

1969 COMPARED WITH FIVE PREVIOUS YEARS

| | 1964 | 1965 | 1966 | 1967 | 1968 | 1969 |
|--|------|------|------|------|------|------|
| Anthrax | - | - | - | - | - | - |
| Cerebro-spinal Fever | - | - | 1 | 1 | 5 | - |
| Chickenpox)not locally)notifiable | - | - | - | - | - | - |
| Cholera | - | - | - | - | - | - |
| Continued Fever | - | - | - | - | - | - |
| Diphtheria | - | - | - | - | - | - |
| Dysentery | 2 | 5 | 1 | 1 | 2 | 1 |
| Encephalitis Lethargica | - | - | - | - | 1 | - |
| Erysipelas | - | - | 1 | 1 | - | - |
| Food Poisoning | - | 30 | - | - | 9 | - |
| Jaundice, Acute Infective | - | - | - | - | 5 | 55 |
| Leprosy | - | - | - | - | - | - |
| Malaria | - | - | - | 1 | - | - |
| Measles | - | - | - | - | 125 | 82 |
| OpLthralmia Neonatorum | - | - | 1 | - | - | - |
| Plague | - | - | - | - | - | - |
| Pneumonia, Acute Influenzal | 1 | 1 | 5 | 9 | 1 | 1 |
| Pneumonia, Acute Primary | 6 | 6 | 6 | 2 | - | - |
| Pneumonia, (Other) | 18 | 48 | 32 | 42 | 36 | 43 |
| Poliomyelitis (Acute Paralytic) | - | - | - | - | - | - |
| Poliomyelitis (Acute Non Paralytic) | - | - | - | - | - | - |
| Puerperal Pyrexia | 1 | - | - | - | - | - |
| Puerperal Fever | - | - | - | - | - | - |
| Scarlet Fever | 42 | 8 | 9 | 21 | 8 | 9 |
| Smallpox | - | - | - | - | - | - |
| Tuberculosis Pulmonary | 18 | 30 | 15 | 19 | 16 | 13 |
| Tuberculosis Non Pulmonary | 5 | - | 1 | 2 | 1 | 5 |
| Typhoid Fever | - | - | - | - | - | - |
| Paratyphoid A | - | - | - | - | - | - |
| Paratyphoid B | - | 8 | - | - | - | 1 |
| Typhus | - | - | - | - | - | - |
| Whooping Cough | 5 | 7 | 2 | 7 | 4 | - |
| | 98 | 143 | 74 | 106 | 213 | 210 |

8c. Venereal Disease

Dr. G. Masterton, the Consultant Venereologist has kindly supplied the following details of the work of his Department during 1969 so far as Airdrie patients are concerned:-

| | | <u>New Cases</u> | |
|------------------------------|---------|------------------|-------|
| Syphilis | Males | 2. | |
| | Females | - | |
| Gonorrhoea | Males | 3. | |
| | Females | - | |
| Non-specific Uretheritis | Males | 4. | |
| | Females | - | |
| Other Venereal conditions | Males | 8. | |
| | Females | 1. | |
| Non-Venereal conditions | Males | 2. | |
| | Females | 1. | |
| <hr/> | | | |
| Total | Males | 19. | |
| | Females | 2. | - 21. |

Attendances

| | | | | | |
|-------|------|---------|-----|-------|------|
| Males | 143. | Females | 22. | Total | 165. |
|-------|------|---------|-----|-------|------|

There is no clinic in Airdrie and patients travel either to Coathill Hospital, Coatbridge, or to Oak Lodge, Hamilton.

In recent years, judged by the clinic returns, the incidence of venereal disease has been low and there has been a general downward trend, although a slight reversal last year appears to have continued this year.

The composite returns from all Venereal Disease Clinics in the area of the Western Regional Hospital Board show that the general problem is much less than formerly.

The following table shows the comparison between 1948 and 1965:-

| New Cases | 1948 | | | 1965 | | |
|-------------------------|-------|--------|-------|-------|--------|-------|
| | Male | Female | Total | Male | Female | Total |
| Syphilis (all forms) | 894 | 605 | 1,499 | 71 | 54 | 125 |
| Gonorrhoea (acute) | 2,657 | 354 | 3,011 | 1,275 | 332 | 1,607 |
| Gonorrhoea (Chronic) | 65 | 47 | 112 | - | - | - |

Oak Lodge Clinic

| Year | Primary Attendances | Subsequent Attendances | Total Attendances |
|------|---------------------|------------------------|-------------------|
| 1956 | 17 | 159 | 176 |
| 1957 | 7 | 106 | 113 |
| 1958 | 14 | 114 | 128 |
| 1959 | 10 | 92 | 102 |
| 1960 | 11 | 83 | 94 |
| 1961 | 19 | 213 | 232 |
| 1962 | 13 | 132 | 145 |
| 1963 | 13 | 64 | 77 |
| 1964 | 11 | 72 | 83 |
| 1965 | 22 | 81 | 103 |
| 1966 | 14 | 42 | 56 |
| 1967 | 6 | 34 | 40 |
| 1968 | 18 | 59 | 77 |
| 1969 | 21 | 144 | 165 |

No special measures of preventive propaganda have been carried out in recent years.

Much of our routine works is, however, directed towards the discovery of the unsuspected case so that future ill effects can be obviated or minimised by early treatment. Hence the importance of routine blood tests in pregnancy and the routine prophylaxis of ophthalmia neonatorum.

9. Mental Health Service (N.H.S. (S) A. 1947, Mental Health (S) A. 1960)

A detailed analysis of the size and nature of the local needs for the care of the mentally disordered was given in the report for 1962 and there is not a great deal which need be added to what was said at that time.

The new Occupation Centre for mental defectives was opened at the end of 1968 and has operated successfully during 1969.

It provides for 40 adults and 10 juniors.

Mentally Ill Persons

The Physician-Superintendent of Hartwood Hospital has supplied the following details about the admission of Airdrie Patients.

Informal Patients

| | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|--|--------------|----------------|--------------|
| Resident at 31/12/68 | 25 | 51 | 76 |
| Direct admission during year | 43 | 50 | 93 |
| Transfers from detained roll during year | 9 | 11 | 20 |
| | 77 | 112 | 189 |
| Discharged during year | 41 | 54 | 95 |
| Transferred to detained roll | 2 | 3 | 5 |
| Died during year | 2 | 6 | 8 |
| Remaining resident at 31/12/69 | 32 | 49 | 81 |

Detained Patients

| | <u>Males</u> | <u>Females</u> | <u>Total</u> |
|------------------------------------|--------------|----------------|--------------|
| Resident at 31/12/68 | 24 | 4 | 28 |
| Direct admission during year | 14 | 8 | 22 |
| From Informal Roll | 2 | 3 | 5 |
| | 40 | 15 | 55 |
| Discharged during year | 8 | 1 | 9 |
| Died during year | 1 | - | 1 |
| Transferred to Informal Roll | 9 | 11 | 20 |
| Remaining resident at 31/12/69 | 22 | 3 | 25 |

In addition to the institutional cases of mental illness 11 persons received regular home visits without being under formal guardianship (Visits 36).

Mental Defectives

| | | | |
|---|-----|--------|------|
| In Institutions at 31/12/69 | 30. | | |
| Under guardianship | 7. | Visits | 40. |
| Receiving informal supervision by Local Authority | 83 | Visits | 205. |

Voluntary Associations for Mental Welfare

During 1952 the local branch of the Scottish Association for Mental Health was revived and some tentative discussions were held with a view to establishing ultimately an Occupation Centre and developing a system of home visitation. Little progress was made, however, principally because it proved impossible to find suitable premises. With the illness and subsequent death of the local chairman the activities of the Association languished.

There had, however, in 1955 been a re-awaking of interest in the problem of the handicapped child and the work had received a fresh impetus from the Scottish Association of Parents of Handicapped Children.

In January the Secretary wrote to the Local Authority saying that the Association proposed to start a small class for such children on two afternoons per week. A member of the Association who was herself the mother of a handicapped child offered to provide accommodation for the class in her house and another lady who had for many years been employed by Lanarkshire Education Authority agreed to give her services voluntarily as a teacher.

The main difficulty in starting the class was the expenses of transporting children to the meeting place and the Town Council therefore, agreed to make a quarterly subscription to the funds of the Association sufficient to defray the taxi charges incurred in collecting the children and conveying them to and from the class.

The Association later transferred its work to Airdrie Community Centre and subsequently to premises made available in the Old Manse of Flowerhill Church, thanks to a generous gesture on the part of the Managers of that Church.

A large room there was decorated, furnished and equipped by the Association mainly from funds which had resulted from a very successful local bazaar. Although this accommodation was much appreciated it was rather cramped and had other disadvantages. The Town Council, therefore, decided to offer the use of the Basement Room in the Sir John Wilson Town Hall free of charge to the Association and the class was transferred there towards the end of 1959.

The Association thus provided facilities for older handicapped persons and adolescents, and served a most useful purpose. The younger children were absorbed by the Education Authority Centres at Langloan and Moffat Mills. The total roll was approximately 25 aged 16-30 years.

The Association continued to expand its activities and developed a small Nursery Centre in the West Parish Church Hall. This catered for about 8 mentally handicapped children under 5.

In August, 1963, the Town Council took over full financial responsibility for the work of the Occupation Centre and then proceeded to plan for a purpose built centre.

This was completed and opened at the end of 1968 and to it were transferred both the Occupation Centre pupils and the younger children who were on the roll of the Nursery Group now referred to as the Day-care Centre.

The Occupation Centre is looked after by full-time employees of the authority but the Day-care Centre is still run by the voluntary workers organised by the local branch of the Scottish Association for Handicapped Children.

The experience of our first full year in the new building has been very satisfactory.

It provides facilities not only for daily occupation and instruction but also for club activities in the evenings for which again the Association is responsible. (See also para. 9).

10. Nurseries and Child Minders Regulations Act, 1948

There are now four registered Play Centres providing 75 places.

11. Noise Abatement Act, 1960

No special action has been necessary under the provisions of this Act.

Section 2 of the Act allows the use of a loud speaker fixed to a vehicle which is being used for the conveyance of a perishable commodity for human consumption provided it is operated between the hours of noon and 7 p.m. for the purpose of informing members of the public (otherwise than by means of words) that the commodity is on sale from that vehicle.

This has resulted in most of the vans of ice-cream vendors being equipped with musical chimes.

The effect of a multiplicity of these vans touring the residential streets and repeating interminably the first few bars of popular tunes is extremely annoying despite the fact that it complies with the law.

12. The Clean Air Act, 1960

No special action has so far been taken under this Act. Airdrie stands high, much of the Burgh being more than 450 feet above sea-level, and the degree of air pollution appears to be less than in other parts of industrial Clydeside.

The current design of our municipal housing with its emphasis on the use of electricity should make a substantial contribution to the reduction in the domestic smoke nuisance. The Sewage Works Manager has recently remarked on the increased amount of "screenable" material reaching the Sewage Works and he is of the opinion that this related to the gradual disappearance of the open-fire as a means of domestic heating.

13. Early detection of defects in Childhood

The Handicapped Register

In 1962 Dr. Mary D. Sheridan of Guys Hospital pointed out that the development of physical or mental handicap could often be related to a history of adverse influences in pre-natal, intra-natal and early post-natal life.

This of course had long been recognised but Dr. Sheridan suggested that information about such influences should be noted for each child and used to determine those who might be at special risk of developing some disability and so merit special supervision.

This procedure was widely adopted and from about 1963 onwards most authorities have maintained some sort of "At Risk" Register.

The list of conditions which can be regarded as adverse influences is to some extent a matter of opinion but there is general agreement that at least the following should be included:-

- (a) History of handicap in parents or siblings.
- (b) Rubella in pregnancy.
- (c) Low birth weight.
- (d) Rhesus incompatibility.
- (e) Congenital abnormality.
- (f) Unsatisfactory post natal state.
- (g) Convulsions.
- (h)/

- (h) Phenylketonuria.
- (i) Severe illness e.g. meningitis encephalitis etc.
- (j) Head injury.
- (k) Retardation in speech and general development.

Special efforts have been made to identify such children and the Health Visitors have maintained separate record cards relating to their progress.

Reference to this procedure has already been made in the Child Welfare section of the Report on page 31.

However, this year the matter has been taken a stage further by the establishment of a Handicapped Register in co-operation with Scottish Home and Health Department who now provide facilities for computer processing of the data.

The establishment of such a Register is a continuing process as it is built up by collecting cases of disability as they come to light - new cases, transfers from the "At Risk" Register and transfers from other authorities.

The initial stages of preparing all the information about a large number of children in a form which could be accepted by the computer proved a laborious task but now that this has been done it is comparatively easy to add new cases and take off those who have recovered, died or moved away and to have complete conspectus of the problem available for presentation by the computer when required is of considerable advantage.

The following is one of the tables furnished by the computer showing the general position at 31/12/69.

Handicapped Register at 31/12/69

Main Disability by Age and Sex

| | SEX | AGE-GROUPS | | | | | | | | Totals |
|-------------------------------------|-----|------------|-----|-----|-----|-----|------|-------|-----|--------|
| | | - 1 | 1-2 | 2-3 | 3-4 | 4-5 | 5-10 | 10-15 | 15+ | |
| 01 Deaf | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - |
| 02 Partially deaf | M | - | - | - | 1 | - | - | - | - | 1 |
| | F | - | - | - | 1 | 2 | 3 | - | - | 6 |
| 03 Blind | M | - | - | - | - | - | - | 1 | 1 | 2 |
| | F | - | - | - | - | - | - | - | - | - |
| 04 Partially Sighted | M | - | - | 1 | 2 | 1 | 3 | - | 1 | 8 |
| | F | - | 1 | 2 | 1 | - | 3 | 1 | - | 8 |
| 05 Other Sensory defect | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - |
| 11 Mental defect Educable | M | - | - | - | - | - | 3 | 3 | - | 6 |
| | F | - | - | - | - | - | 3 | 3 | 2 | 8 |
| 12 Mental defect Trainable | M | - | - | 1 | 1 | 1 | 8 | 5 | 2 | 18 |
| | F | - | 1 | - | - | 1 | 1 | - | 3 | 6 |
| 13 Mental defect Not trainable | M | - | - | - | - | - | - | 1 | - | 1 |
| | F | 1 | - | - | - | - | 4 | 3 | - | 8 |
| 14 Mental defect Not yet assessed | M | - | - | 1 | - | - | 2 | - | - | 3 |
| | F | - | - | - | - | - | - | - | - | - |
| 15 Psychosis | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - |
| 16 Maladjustment | M | - | - | - | - | - | - | 1 | - | 1 |
| | F | - | - | - | - | - | - | - | - | - |
| 17 Brain damage Cerebral palsy | M | - | - | - | 2 | - | 1 | 2 | 1 | 6 |
| | F | - | 1 | - | - | - | - | 2 | - | 3 |
| 18 Other Brain damage | M | - | 1 | - | - | - | 1 | - | - | 2 |
| | F | - | - | - | - | - | - | - | - | - |
| 19 Epilepsy | M | - | - | - | - | 1 | - | - | 1 | 2 |
| | F | - | - | 1 | - | - | - | 2 | 1 | 4 |
| 20 Spina bifida Hydrocephalus | M | - | 1 | - | - | - | 2 | 1 | - | 4 |
| | F | - | - | 2 | 2 | - | 1 | - | - | 5 |
| 21 Speech defect | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - |
| 22 Other neuro-psychiatric defect | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - |
| 31 Absence of Upper Limb(s) | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | 1 | - | - | - | - | - | 1 |
| 32 Absence of Lower Limb(s) | M | - | - | - | - | - | - | 1 | - | 1 |
| | F | - | - | - | - | - | - | - | - | - |
| 33 Deformity of Upper Limb(s) | M | - | - | - | - | - | 2 | - | - | 2 |
| | F | - | - | - | - | - | - | - | - | - |
| 34 Deformity of Lower Limb(s) | M | - | - | - | 1 | - | - | - | - | 1 |
| | F | - | - | 2 | - | - | - | - | - | 2 |
| 35 Spinal Defect (not spina bifida) | M | 1 | - | - | - | - | - | - | - | 1 |
| | F | - | - | - | - | - | - | 1 | - | 1 |
| 36 Paralysis | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | 1 | 1 | - | 1 | 3 |
| 37 Orthopaedic | M | - | 1 | 2 | 1 | 1 | 4 | 1 | - | 10 |
| | F | - | - | 2 | - | 2 | 1 | 1 | - | 6 |
| 41 Heart Disease | M | - | - | - | 2 | - | 2 | - | - | 4 |
| | F | - | - | 2 | - | - | 4 | - | - | 6 |
| 42 Diabetes | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | - | - | - |
| 43 Other metabolic disease | M | - | - | - | 1 | - | 2 | - | - | 3 |
| | F | - | - | - | - | 1 | - | - | - | 1 |
| 44 Cleft Palate | M | - | 1 | - | - | - | - | - | - | 1 |
| | F | 1 | 1 | - | - | - | - | - | - | 2 |
| 45 Asthma | M | - | - | - | - | - | - | - | - | - |
| | F | - | - | - | - | - | - | 1 | - | 1 |
| 48 Other | M | - | - | 1 | - | - | 1 | - | - | 2 |
| | F | - | - | - | - | - | 1 | - | - | 1 |
| Totals | M | 1 | 4 | 6 | 11 | 4 | 31 | 16 | 5 | 79 |
| | F | 2 | 4 | 12 | 4 | 7 | 28 | 14 | 7 | 72 |

THE
JOURNAL OF THE
SOCIETY OF THE HISTORY OF THE
CITY OF NEW YORK

| NAME | | RESIDENCE | | DATE | | REMARKS | |
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14. Community Care

In preparation for our new responsibilities under the Mental Health (Scotland) Act, 1960, (which is of course now fully in force) we appointed, towards the end of 1961 an additional assistance on the staff of the Welfare Officer whose duties have been directed to the ascertainment of handicapped cases particularly in the mental field and to advising any such cases as to the facilities available to help them in their difficulties.

The arrangements for domiciliary nursing and midwifery care and for the provision of home-helps are also well developed.

B. School Health Service

For Airdrie Burgh the School Health Services are at present administered and carried out by Lanarkshire County Council in terms of their statutory duties under the Education Acts.

Discussions have been held in the past with the other Lanarkshire Burghs with a view to securing some integration of the School Health Service and the Child Welfare Services, either by the Education Authority arranging to delegate some of their functions as happens elsewhere in other large burghs in Scotland, or other wise. Some measure of agreement with the principle involved was reached amongst the Burghs but there seems little likelihood of convincing the County Council.

We do however, have excellent co-operation from the School Health Service and arrangements are in force by which any child is referred for comprehensive assessment if there is any handicap or suspected handicap likely to interfere with educability.

C. Port Health Administration

Not applicable.

D. Food Supply

(1) Milk

The year's work in relation to the Milk supply is fully discussed in the Report of the Sanitary Inspector.

No special circumstances in connection with outbreaks of milk borne disease were brought to light during the period under review.

(2) Ice Cream

Details regarding the control of this commodity will also be found in the Report of the Sanitary Inspector.

(3) Meat and other Foods

Reference should be made to the Sanitary Inspector's Report.

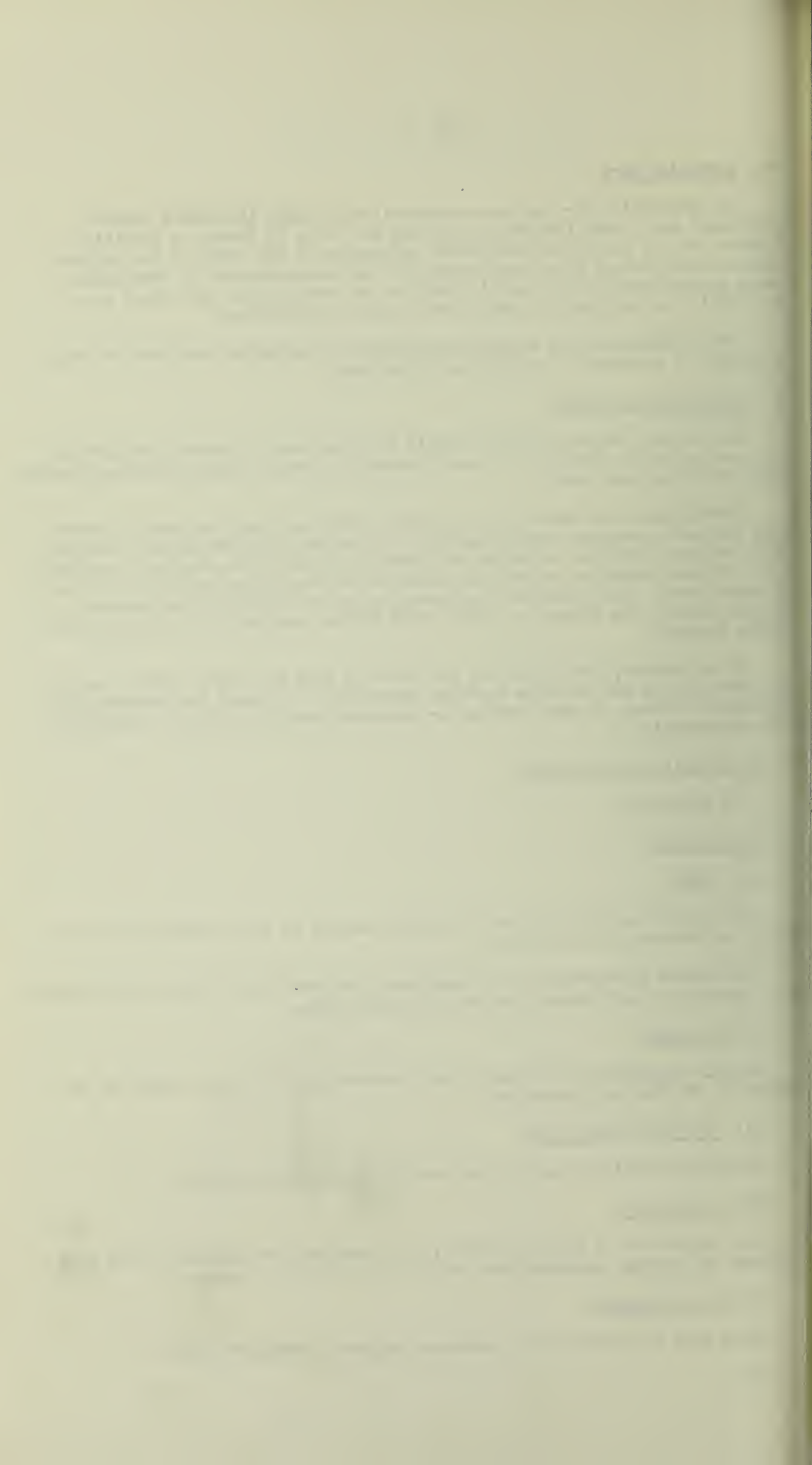
(4) Clean Food

The importance of clean methods of food handling and preparation has been stressed at suitable opportunities and by the display of posters.

(5) Food Poisoning

There were no cases of food poisoning reported during the year.

(6)/



(6) Nutrition

An important part of the Health Visitors duty is to see that children are properly fed and to urge that both they and their mothers should take advantage of the vitamin supplements made available by the Ministry of Food.

The uptake of these products leaves a good deal to be desired.

E. Miscellaneous

(1) National Assistance Act, 1948

(a) Provision of establishments under the act and their medical supervision

The Town Council have set up and now maintain a home for old men.

This is called Strain House and is partially supported by Endowment.

Each resident calls in his own doctor as required. There is no special medical supervision by the Local Authority.

Plans for a new and larger home are in preparation at present.

(b) Registration and inspection of disabled or old persons homes (Sect. 37)

There are no homes in the area other than those under the control of the local authority.

(c) Removals (Sect. 47)

)

(d) Care of Property (Sect. 48)

)

Administered by

(e) Burials (Sect. 50)

)

Welfare Department.

(f) Welfare Services (Sect. 29)

No special welfare services at present come within the purview of the Health Department.

A substantial amount of work however, was carried out during the year by the Works Department in order to assist disabled and handicapped persons by providing special facilities in their own homes to improve their comfort, convenience and safety.

Details are as follows:-

| | | |
|---|-------|-----|
| Providing access ramps at outside doors | | 2. |
| Providing hand-rails | | 17. |
| Runway for invalid cars | | 1. |
| Electrical storage heaters | | 5. |
| Bath safety aids | | 1. |

(2) Nursing Homes Registration (Scotland) Act, 1938

With the extension of the Burgh boundary during 1951 one Nursing Home, previously registered by the County of Lanark, passed to the supervision of this local authority.

This was the only Home registered in the Burgh and it was given up in 1954.

During 1956, however, approval was given to the registration of a nursing home for the accommodation of chronic sick. During the year the necessary adaptation to a former mansion were completed and the Home was opened on June, 24th by His Lordship the Right Reverend J.D. Scanlan, D.C.L., B.L. at that time Bishop/

Bishop of Motherwell.

The Home continues to be conducted by the Irish Sisters of Charity. It is excellently equipped and now provides extremely satisfactory accommodation and nursing for approximately 25 chronic sick patients.

(3) Health Education

The Scottish Council for Health Education again gave us assistance with publicity material and lectures.

The Health Visitors have also given regular informal talks to mothers attending clinics. In these talks, use is made of film-strips and we are gradually building up a library of suitable strips for use in this education work.

Special Health Education Projects

(a) Smoking and Lung Cancer

In Circular No. 47/1957 the Department of Health drew attention to the special report of the Medical Research Council on tobacco smoking and cancer of the lung. The conclusions of the Medical Research Council were that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past twenty-five years was that a major part of it was caused by smoking tobacco particularly of cigarettes.

The Department invited local health authorities to take appropriate steps to bring this authoritative opinion to public notice.

It was suggested that the Town Council might give a lead to the citizens by imposing a ban on smoking at their own meetings and by forbidding it at places of public entertainment under their own control but these ideas were not agreed to.

We have, however, obtained supplies of posters on the subject and these have been displayed in offices, schools, doctor's waiting rooms and various public places.

It is doubtful if these measures have made much impact on public opinion and there appears to be a real need for a large scale national campaign organised and promoted by the Central authority. It is noted that the new Health Education Unit is now doing something about this but it is up against massive commercial advertising in the other direction.

In Airdrie during the year there were twenty one deaths registered as being due to malignant conditions of the respiratory tract. They occurred in persons between the ages of 25-85, twenty males and one female. In 1968 there were eleven such deaths.

(b) Prevention of Accidents in the Home

In 1957 the Department issued Circular No. 32 dealing with the prevention of accidents in the home. The Town Council agreed to certain local measures with regard to propaganda and to instruction by the Health Visitors but in addition it was also decided to explore the possibility of setting up a Joint Sub-Committee on the lines of the Lanarkshire Road Safety Joint Committee in order to co-ordinate efforts to reduce Home Accidents. It was felt that existence of such a Committee would facilitate the collection of data about the problems and help in making more extensive efforts to bring its importance more forcibly to the public notice.

Several meetings were held with the object of securing the approval of the various Lanarkshire Authorities and consideration of the idea extended into 1958

Unfortunately/

Unfortunately it proved impossible to secure general agreement and in April, of that year the County Clerk wrote to the Council expressing regret that the County Council could take no further action in the matter owing to the refusal of certain other Town Councils in the County area to co-operate.

It was therefore left to the Health Department to continue arrangements for as much publicity as possible to be given by Health Visitors and through Child Welfare Clinics.

This has been done and in addition a Home Safety Handbook has been produced.

In the autumn of 1958 we also took part in the "Guard that Fire" Campaign. Posters were displayed and postal matter distributed by the Council was over printed with the emblem and slogan supplied by the Scottish Information Office.

During 1965 an exhibition dealing with Home Safety was staged in the Public Library. This was based on the Mobile Display lent by the Scottish Home and Health Department but we also had very valuable co-operation from Lanarkshire Fire Service. The Fire Service contributed a stand with models and other display material and there was generally a fireman in attendance to explain matters and give additional information. We were most grateful for this assistance and there was reasonable amount of public interest in the Exhibition.

F. General Sanitation

(a) Reference to the water supply and sewage disposal arrangements will be found on page 4

The Cleansing Superintendent last year kindly supplied details regarding certain aspects of his work which are still of current interest viz:-

(b) Refuse Disposal

There has been a further extension of the Paper Sack Refuse Collection System. This is gradually replacing the former use of "skips which led to paper and other light refuse being blown on to streets and gardens".

Experiments using paper-sack holders with a closed wire-mesh to prevent vermin gnawing holes in the sacks have been tried with success, and these more sophisticated types are now being increasingly used.

Large container refuse bins have been introduced for the new eight storey flats and are proving generally satisfactory but without intelligent public co-operation any system can have its difficulties.

In the Department there are now four Gibson Pendulum Refuse Freighters and three Compression Freighters.

It is bulk rather than weight of refuse which is the present problem and only by compression can the standard of the service be maintained.

With paper-sack collection and controlled tipping a vehicle which can tear up the sack is necessary. This allows better compaction at the coup and helps to prevent voids.

Street scavenging is carried out by the man-on-a-beat system with the help of a mechanical sweeper but the further extension of the town will soon require the acquisition of an additional mechanical sweeper.

C. Civic Amenities Act 1967

The following action has been taken under the provisions of this legislation:-

(1)/

(1) Daily collection of bulky items such as old furniture on application for removal.

(2) Twice weekly collection of garden refuse by tractor and trailer acquired for this purpose.

(3) Removal of abandoned vehicles.

The provision of magazines at strategic points to take bulky items or garden refuse was considered but it was decided with our coup facilities and a collection service that these were unnecessary and to some extent also undesirable because of their tendency to degenerate into privy-middens and act as sources of vermin and fly-infestation.

SUPERANNUATION

A total of 45 persons were medically examined for the purpose of the Superannuation Scheme.

SCHOOL CROSSING PATROLS

4 persons were medically examined as to their suitability for employment as a School Crossing Patrol.

MILK AND DAIRIES

FOOD AND DRUGS

HOUSING

FACTORY ACT, 1961

These matters are reported on in detail by the Sanitary Inspector, information regarding them will be found in his report.

The following information regarding factories, is, however, included here to comply with the requirement of the Statute. (see next page).

FACTORIES ACT, 1961

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

IN RESPECT OF THE YEAR 1969

Prescribed particulars on the administration of the Factories Act 1961

Part 1 of the Act

Inspections for purposes of provision as to health (including inspections) made by Sanitary Inspector .

| Premises (1) | Number on Register (2) | Number of | | |
|---|---------------------------------|--------------------|---------------------------|--------------------------------|
| | | Inspections (3) | Written Notices (4) | Occupiers prosecuted (5) |
| Factories on which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities. | 18 | 4 | - | - |
| Factories not included in (i) in which Section 7 is enforced by the Local Authority. | 117 | 20 | 1 | - |
| Other premises in which Section 7 is enforced by the Local Authority (excluding) out-workers premises). # | 7 | 3 | 1 | - |
| Total | 142 | 27 | 2 | - |

Cases in which defects were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

| Particulars | Number of cases in which defects were found | | | | Number of cases in which prosecutions were instituted |
|--|---|----------|-------------------|-------------------|---|
| | Found | Remedied | Referred | | |
| | | | To H.M. Inspector | By H.M. Inspector | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| of cleanliness (S.1.) | 2 | 2 | - | - | - |
| crowding (S.2.) | - | - | - | - | - |
| reasonable temperature (S.3.) | - | - | - | - | - |
| sufficient ventilation (S.4.) | - | - | - | - | - |
| effective drainage of floors (S.6.) | - | - | - | - | - |
| Sanitary Conveniences (S.7.) | - | - | - | - | - |
|) insufficient | - | - | - | - | - |
|) unsuitable or defective | 5 | 3 | - | 4 | - |
|) not separate for sexes | - | - | - | - | - |
| or offences against the (not including offences relating to out-work). | - | - | - | - | - |
| Total | 7 | 5 | - | 4 | - |

e. Electrical Stations (Section 123(1), Institutions (Section 124) sites of Mining Operations and works of Engineering Constructions (Section 127), Lighthouses (Section 175 (1)(d) and (e) and Railway Running Sheds (Section 175 and 10).

O U T W O R K

Part Vlll of Act - Sections 133 and 134

N I L

